

# FAMILY PLANNING SERVICES

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HEARING

BEFORE THE

SUBCOMMITTEE ON  
PUBLIC HEALTH AND WELFARE

OF THE

COMMITTEE ON  
INTERSTATE AND FOREIGN COMMERCE  
HOUSE OF REPRESENTATIVES

NINETY-FIRST CONGRESS

SECOND SESSION

ON

H.R. 15159, H.R. 9107, H.R. 9108, H.R. 9109,  
and H.R. 15691

BILLS TO AMEND THE PUBLIC HEALTH SERVICE ACT TO  
PROVIDE FOR SPECIAL PROJECT GRANTS FOR THE PRO-  
VISION OF FAMILY PLANNING SERVICES AND RELATED RE-  
SEARCH, TRAINING, AND TECHNICAL ASSISTANCE; TO  
ESTABLISH A COMMISSION ON POPULATION; TO PROVIDE  
GRANTS FOR THE CONSTRUCTION OF POPULATION RESEARCH  
CENTERS; AND TO ESTABLISH A NATIONAL INSTITUTE FOR  
POPULATION RESEARCH

AND

H.R. 11123 (and identical bills) and S. 2108

BILLS TO PROMOTE PUBLIC HEALTH AND WELFARE BY  
EXPANDING, IMPROVING, AND BETTER COORDINATING THE  
FAMILY PLANNING SERVICES AND POPULATION RESEARCH  
ACTIVITIES OF THE FEDERAL GOVERNMENT, AND FOR OTHER  
PURPOSES

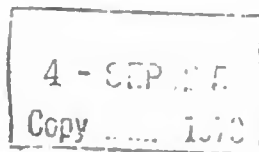
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AUGUST 3, 4, AND 7, 1970

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Serial No. 91-70

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6-609030



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U.S. Congress. House.

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# ORGANIZATIONS REPRESENTED AT HEARING

## Civic Awareness of America:

Emmons, Mrs. Alvin, national coordinator.

Kuffel, Mrs. Ray, national coordinator.

Family Planning, Inc., Dr. Joseph D. Beasley, director, Louisiana Family Planning Program.

Harlem Interfaith Counseling Service of New York City, Rev. Carl Flemister, vice president.

## Health, Education, and Welfare Department:

Egeberg, Dr. Roger O., Assistant Secretary for Health and Scientific Affairs.

Hellman, Dr. Louis M., Deputy Assistant Secretary for Population Affairs.

Richardson, Hon. Elliot L., Secretary.

Shultz, Dr. Carl S. Director, Office of Population and Family Planning.

International Institute for the Study of Human Reproduction, College of Physicians and Surgeons, Columbia University, Dr. Elizabeth B. Connell, associate professor, Department of Obstetrics and Gynecology, and director of research and development, Family Planning Services.

Planned Parenthood/World Population, Dr. Alan F. Guttmacher, president.

Population Council, Dr. Sheldon J. Segal, vice president and director, Biomedical Division.

Population Crisis Committee, Mrs. Phyllis T. Piotrow, consultant.

Reverence for Life of America, Mrs. David R. Mogilka, chairman.

Society for the Christian Commonwealth, Bradley Warren Evans, associate director.

U.S. Catholic Conference, Rev. James T. McHugh, director Family Life Division.

Uptown Committee for Family Planning (New York City):

Bolden, Miss Shirley.

Hill, Mrs. Mildred.

Nabinct, Cary.

Wilson, Mrs. Lactitia, chairman.



## FAMILY PLANNING SERVICES

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MONDAY, AUGUST 3, 1970

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON PUBLIC HEALTH AND WELFARE,  
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,  
*Washington, D.C.*

The subcommittee met at 10 a.m., pursuant to notice, in room 2123, Rayburn House Office Building, Hon. Paul G. Rogers presiding (Hon. John Jarman, chairman).

Mr. ROGERS. The subcommittee will come to order, please. Other members are on their way, but I think we will not delay.

This morning, the Subcommittee on Public Health and Welfare of the House Interstate and Foreign Commerce Committee begins hearings on services to make it possible for women of childbearing age to control their fertility, and thus limit and space their children.

Today about one-fifth of the estimated 5.3 million women of childbearing age living in poverty or near the poverty level in the United States have access to family planning services.

The main purpose of the bills before us is to make family planning services available to all of those 5.3 million women. Thus they are in accord with the President when he stated in his message to the Congress on population growth in July of last year:

It is my view that no American women should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of adequate family planning services within the next five years to all those who want them but cannot afford them. This we have the capacity to do.

(The text of H.R. 15159, H.R. 9107, H.R. 9108, H.R. 9109, H.R. 15691, H.R. 11123 (and all identical bills), and S. 2108, and agency reports thereon follow:)

[H.R. 15159, 91st Cong., 1st Sess., introduced by Mr. Staggers (for himself and Mr. Springer) on December 9, 1969]

## A BILL

To amend the Public Health Service Act to provide for special project grants for the provision of family planning services and related research, training, and technical assistance.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*  
3       That this Act may be cited as the "Family Planning Serv-  
4       ices Amendments of 1969".

5       SEC. 2. Part B of title III of the Public Health Service  
6       Act (42 U.S.C. 243 et seq.) is amended by adding after  
7       section 315 the following section:

8                       " FAMILY PLANNING SERVICES

9       "SEC. 316. (a) (1) The Secretary is authorized to make  
10      grants to or contracts with public or nonprofit private

1 agencies, institutions, and organizations for projects for the  
2 provision of family planning services. Except in cases in  
3 which the Secretary determines a higher percentage is neces-  
4 sary to carry out the purposes of this section, no such grant  
5 or contract may provide for payment hereunder of more  
6 than 90 per centum of the cost of the project.

7 “(2) Grants may be made and contracts entered into  
8 under this subsection only upon assurances satisfactory to  
9 the Secretary that:

10 “(A) priority will be given in the furnishing of  
11 such services to persons from low-income families;

12 “(B) no charge will be made for services provided  
13 under the project to any person from a low-income  
14 family except to the extent that payment will be made  
15 by a third party (including a government agency)  
16 which is authorized or is under legal obligation to pay  
17 such charge;

18 “(C) acceptance of any service provided under the  
19 project will be voluntary on the part of the person to  
20 whom such service is offered and will not be a prerequi-  
21 site to eligibility for or receipt of any other service or to  
22 assistance from or participation in any other program or  
23 project of the grantee;

24 “(D) there will be appropriate coordination of serv-  
25 ices provided under the project with, and utilization of,

1 other related Federal, State, or local health or welfare  
2 programs; and

3 “(E) the project will comply with such other terms  
4 and conditions as the Secretary may prescribe to carry  
5 out the purposes of this section.

6 “(b) The Secretary is authorized to make grants to  
7 public or nonprofit private agencies, institutions, and orga-  
8 nizations, and contracts with public or private agencies, insti-  
9 tutions, or organizations, for graduate or specialized training  
10 of physicians, nurses, other health personnel, social work per-  
11 sonnel, and subprofessionals to improve their ability to pro-  
12 vide family planning services and to do so more effectively.

13 “(c) The Secretary is authorized to make grants to pub-  
14 lic or nonprofit private agencies, institutions, and organiza-  
15 tions, and contracts with public or private agencies, institu-  
16 tions, or organizations, for projects for research into or  
17 demonstration of new or improved techniques for the delivery  
18 of family planning services, with particular attention given  
19 to development of methods or techniques for making such  
20 services available to persons from low-income families.

21 “(d) For purposes of this section, what constitutes a  
22 low-income family shall be determined in accordance with  
23 criteria prescribed by the Secretary.

24 “(e) The Secretary is authorized to provide, or to make  
25 contracts for the provision of, consultative services and tech-

1 nical assistance to public or nonprofit private agencies, insti-  
2 tutions, and organizations providing or planning to provide  
3 family planning services.

4 “(f) Payments under this section pursuant to a grant or  
5 contract may be made (after necessary adjustment, in the  
6 case of grants, on account of previously made overpayments  
7 or underpayments) in advance or by way of reimbursement,  
8 and on such conditions, as the Secretary may determine.

9 “(g) (1) There are authorized to be appropriated for  
10 the fiscal year ending June 30, 1971, and each of the next  
11 four fiscal years such sums as may be necessary for grants  
12 and contracts under this section.

13 “(2) Such portion of any appropriation pursuant to  
14 paragraph (1) as the Secretary may determine, but not  
15 exceeding 1 per centum thereof, shall be available for evalua-  
16 tion by the Secretary (directly or by grants or contracts) of  
17 the program under this section.

18 “(h) The Secretary shall submit to the President and  
19 the Congress annually a report on the activities of the  
20 various executive departments in the field of family planning  
21 services, including his estimate of the extent to which the  
22 purposes of this section are being carried out.”

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[H.R. 9107, 91st Cong., 1st Sess., introduced by Mr. Brown of California on  
March 18, 1969]

## A BILL

To establish a Commission on Population.

1     *Be it enacted by the Senate and House of Representa-*  
2     *tives of the United States of America in Congress assembled,*

3                     ESTABLISHMENT AND DUTIES

4     SECTION 1. (a) There is established a Commission on  
5     Population (hereafter referred to in this Act as the "Com-  
6     mission").

7         (b) The Commission shall—

8             (1) assess the social and economic consequences  
9     of population trends in the United States;

10            (2) examine the major trends in world population

1 growth as they relate to United States policies and  
2 programs;

3 (3) evaluate research needs, resources, and progress  
4 in the field of population and family planning;

5 (4) consider the consequences of alternative popu-  
6 lation policies;

7 (5) bring to the attention of the American people  
8 the relationship of population trends to the quality of  
9 life; and

10 (6) review the extent to which the recommenda-  
11 tions of the President's Committee on Population and  
12 Family Planning have been carried out.

13 **MEMBERSHIP**

14 **SEC. 2. (a)** The Commission shall be composed of fifteen  
15 members appointed by the President as follows:

16 (1) Three members shall be appointed from per-  
17 sons in departments, agencies, or establishments of the  
18 executive branch of the Federal Government which ad-  
19 minister Federal programs relating to population, such  
20 as family planning programs and programs of research  
21 into population trends and growth in both rural and  
22 urban areas of the United States and other countries  
23 and into the interaction of population and environmental  
24 resources.

25 (2) Two members shall be appointed from the

1 Senate, and they shall not be members of the same politi-  
2 cal party.

3 (3) Two members shall be appointed from the  
4 House of Representatives, and they shall not be mem-  
5 bers of the same political party.

6 (4) Eight members shall be appointed from per-  
7 sons in private life who are eminently qualified by train-  
8 ing or experience to carry out the duties of the Com-  
9 mission.

10 Members shall be appointed for the life of the Commission.  
11 A vacancy in the Commission shall be filled in the manner in  
12 which the original appointment was made.

13 (b) The President shall designate the Chairman of the  
14 Commission.

15 (c) Each member of the Commission who is not an  
16 officer or employee of the Federal Government shall be paid  
17 at the rate of \$100 for each day such member is engaged  
18 upon the work of the Commission, and shall be allowed travel  
19 expenses, including a per diem allowance, in accordance  
20 with section 5703 (b) of title 5, United States Code, when  
21 engaged in the performance of services for the Commission.

22 POWERS AND ADMINISTRATIVE PROVISIONS

23 SEC. 3. (a) The Commission may, for the purpose of  
24 carrying out its duties, hold such hearings, sit and act at such

1 times and places, take such testimony, and receive such evi-  
2 dence, as the Commission may deem advisable.

3 (b) The Commission may appoint and fix the basic pay  
4 of such personnel as it determines are necessary to carry out  
5 the duties of the Commission. Such personnel shall be  
6 appointed subject to the provisions of title 5, United States  
7 Code, governing appointments in the competitive service,  
8 and shall be paid in accordance with the provisions of chapter  
9 51 and subchapter III of chapter 53 of such title relating to  
10 classification and General Schedule pay rates. The Commis-  
11 sion may procure temporary and intermittent services to the  
12 same extent as is authorized by section 3109 of title 5, United  
13 States Code.

14 (c) The Commission may request from any department  
15 or agency of the United States any information the Commis-  
16 sion considers necessary to enable it to carry out its duties.  
17 Upon request of the Chairman of the Commission, such  
18 department or agency may, to the extent permitted by law,  
19 furnish such information to the Commission.

20 (d) Upon the request of the Chairman of the Commis-  
21 sion, the head of any department, agency, or establishment  
22 of any branch of the Federal Government is authorized to  
23 detail, on a reimbursable basis any of the personnel of such  
24 department, agency, or establishment to assist the Commis-  
25 sion in carrying out its duties.

1       (e) The Commission may use the United States mails  
2 in the same manner and upon the same conditions as other  
3 departments and agencies of the United States.

4       (f) The Administrator of General Services shall provide  
5 administrative support services for the Commission on a  
6 reimbursable basis.

7               REPORT AND TERMINATION OF COMMISSION

8       SEC. 4. (a) Not later than two years after the Commission  
9 has been organized, the Commission shall submit a report to  
10 the President and to each House of Congress containing a  
11 comprehensive description of its activities and any recom-  
12 mendations it proposes as a result of such activities.

13       (b) The Commission shall cease to exist on the ninetieth  
14 day after the submission of its report pursuant to subsection  
15 (a) of this section.

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[H.R. 9108, 91st Cong., 1st Sess., introduced by Mr. Brown of California on  
March 18, 1969]

# A BILL

**To amend the Public Health Service Act to provide a program of grants for the construction of population research centers.**

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That effective July 1, 1969, part D of title VII of the Public  
4 Health Service Act is amended to read as follows:

5 "PART D—GRANTS FOR CONSTRUCTION OF POPULATION  
6 RESEARCH CENTERS

## 7 "AUTHORIZATION OF APPROPRIATIONS

8 "SEC. 761. There are authorized to be appropriated for  
9 the fiscal year ending June 30, 1971, and for each of the  
10 next four fiscal years, such sums as may be necessary for  
11 project grants to assist in meeting the cost of construction

1 of centers for research (or research and related activities)  
2 relating to human reproduction, sterility, contraception, pop-  
3 ulation trends, and other aspects of, or factors which affect,  
4 population dynamics. Sums so appropriated shall remain  
5 available until expended for payments with respect to proj-  
6 ects for which applications have been filed under this part  
7 before July 1, 1975, and approved by the Secretary before  
8 July 1, 1976.

9 "APPLICATIONS

10 "SEC. 762. (a) Applications for grants under this  
11 part with respect to any center may be approved by the  
12 Secretary only if—

13 "(1) the applicant is an institution of higher  
14 education or other public or private nonprofit institution  
15 which the Secretary determines, after consultation with  
16 the appropriate national advisory council or councils,  
17 is competent to engage in the type of research (or re-  
18 search and related activities) for which the center is to  
19 be constructed; and

20 "(2) the application contains or is supported by  
21 reasonable assurances that (A) for not less than twenty  
22 years after completion of construction, the facility will  
23 be used for the purposes for which it was constructed;  
24 (B) sufficient funds will be available for meeting the  
25 non-Federal share of the cost of constructing the facility;

1       (C) sufficient funds will be available, when the con-  
2       struction is completed, for effective use of the facility for  
3       the purposes for which it was constructed; and (D) all  
4       laborers and mechanics employed by contractors or sub-  
5       contractors in the performance of construction of the  
6       center will be paid wages at rates not less than those  
7       prevailing on similar construction in the locality as deter-  
8       mined by the Secretary of Labor in accordance with the  
9       Davis-Bacon Act, as amended (40 U.S.C. 276a—276a-  
10      5) ; and the Secretary of Labor shall have, with respect  
11     to the labor standards specified in this clause, the author-  
12     ity and function set forth in Reorganization Plan Num-  
13     bered 14 of 1950 (15 F.R. 3176; 5 U.S.C. 903) and  
14     section 2 of the Act of June 13, 1934, as amended (40  
15     U.S.C. 276c).

16     “(b) In acting on applications for grants, the Secretary  
17     shall take into consideration the relative effectiveness of the  
18     proposed facilities in expanding the Nation’s capacity for  
19     research (or research and related activities) in the field of  
20     population dynamics and such other factors as he, after  
21     consultation with the appropriate national advisory council  
22     or councils, may prescribe by regulations in order to assure  
23     that the facilities constructed with such grants, severally  
24     and together, will best serve the purpose of advancing  
25     scientific knowledge related to population dynamics.

1                   “AMOUNT OF GRANTS; PAYMENTS

2           “SEC. 763. (a) The total of the grants with respect to  
3 any project under this part may not exceed 75 per centum  
4 of the necessary cost of the project as determined by the  
5 Secretary.

6           “(b) Payment of grants under this part shall be made  
7 in advance or by way of reimbursement, and in such install-  
8 ments (consistent with construction progress) and on such  
9 conditions, as the Secretary may determine.

10                   “RECAPTURE OF PAYMENTS

11           “SEC. 764. If, within twenty years after completion  
12 of any construction for which funds have been paid under  
13 this part—

14                   “(1) the applicant or other owner of the facility  
15 shall cease to be a public or private nonprofit institu-  
16 tion, or

17                   “(2) the facility shall cease to be used for the  
18 purposes for which it was constructed, unless the Secre-  
19 tary determines, in accordance with the regulations, that  
20 there is good cause for releasing the applicant or other  
21 owner from the obligation to do so,

22 the United States shall be entitled to recover from the  
23 applicant or other owner of the facility the amount bearing  
24 the same ratio to the then value (as determined by agree-  
25 ments of the parties or by action brought in the United

1 States district court for the district in which such facility  
2 is situated) of the facility, as the amount of the Federal  
3 participation bore to the cost of the construction of the  
4 facility.

5 "NONINTERFERENCE WITH ADMINISTRATION OF  
6 INSTITUTIONS

7 "SEC. 765. Except as otherwise specifically provided in  
8 this part, nothing contained in this part shall be construed  
9 as authorizing any department, agency, officer, or employee  
10 of the United States to exercise any direction, supervision,  
11 or control over, or impose any requirement or condition with  
12 respect to, the research or related activities conducted by, or  
13 the personnel or administration of, any institution.

14 "REGULATIONS

15 "SEC. 766. Within six months after the enactment of  
16 this part, the Secretary, after consultation with the appro-  
17 priate advisory council or councils, shall prescribe general  
18 regulations covering the eligibility of institutions, and the  
19 terms and conditions for approving applications.

20 "DEFINITIONS

21 "SEC. 767. As used in this part the terms 'construction'  
22 and 'cost of construction' include (A) the construction of  
23 new buildings and the expansion, remodeling, and alteration  
24 of existing buildings, including architects' fees and the cost of

1 acquisition of land, but not including the cost of off-site  
2 improvements, and (B) equipping new buildings and exist-  
3 ing buildings, whether or not expanded, remodeled, or  
4 altered.”

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[H.R. 9109, 91st Cong., 1st Sess., introduced by Mr. Brown of California on  
March 18, 1969]

## A BILL

To amend the Public Health Service Act to provide for the  
establishment of a National Institute for Population Re-  
search.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That title IV of the Public Health Service Act (42 U.S.C.  
4 ch. 6A, subch. III) is amended by adding at the end thereof  
5 the following new part:

I

1 "PART G—NATIONAL INSTITUTE FOR POPULATION  
2 RESEARCH

3 "ESTABLISHMENT OF NATIONAL INSTITUTE FOR  
4 POPULATION RESEARCH

5       “SEC. 461. The Secretary shall establish in the Public  
6 Health Service an institute to be known as the ‘National  
7 Institute for Population Research’.

## 8 "FUNCTIONS

9       “SEC. 462. (a) (1) Except as provided in paragraph  
10   (2), the Secretary shall, through the National Institute for  
11   Population Research, conduct and support research and train-  
12   ing in population matters such as the physiology of human  
13   reproduction, the development and evaluation of means of  
14   fertility regulation, and the causes and consequences of popu-  
15   lation change.

“(2) If an institute established by or under another provision of this Act has functions with respect to any area of research and training described in paragraph (1), the Secretary shall determine the extent to which he will carry out research and training in such area through such institute or the National Institute for Population Research, or through both of them.

23       “(b) The Secretary may provide training and instruc-  
24       tion, and establish and maintain traineeships and fellowships,  
25       in the National Institute for Population Research and else-

1 where in population matters. The Secretary may provide  
2 such stipends and allowances (including travel and subsist-  
3 ence expenses) for trainees and fellows as he deems neces-  
4 sary. The Secretary may also provide for such training,  
5 instruction, traineeships, and fellowships through grants to  
6 public or other nonprofit institutions.

7 "ESTABLISHMENT OF ADVISORY COUNCIL

8 "SEC. 463. (a) The Secretary shall establish an ad-  
9 visory council to advise, consult with, and make recommen-  
10 dations to, him on matters relating to the activities of the  
11 National Institute for Population Research.

12 "(b) The provisions relating to the composition, terms  
13 of office of members, and reappointment, of members of ad-  
14 visory councils under section 432 (a) shall be applicable to  
15 the council established under this section, except that the  
16 twelve appointed members shall be persons qualified as spe-  
17 cialists in biomedical or social science research or training in  
18 population matters.

19 "(c) The advisory council established under this section  
20 shall assume all or such part as the Secretary may specify  
21 of (1) the duties, functions, and powers of the National  
22 Advisory Health Council that relate to the research or train-  
23 ing projects with which the advisory council established  
24 under this section is concerned, and (2) the duties, functions,

- 1 and powers of any other advisory council established under  
 2 this Act that relate to such projects.”
- 

[H.R. 15691, 91st Cong., 2d Sess., introduced by Mr. Bush (for himself, Mr. Carter, Mr. Gubser, Mr. Horton, Mr. McCloskey, Mr. Mosher, Mr. Pettis, Mr. Reid of New York, Mr. Vander Jagt, and Mr. Wold) on February 4, 1970]

## A BILL

To amend the Public Health Service Act to provide for special project grants for the provision of family planning services and related research, training, and technical assistance.

- 1 *Be it enacted by the Senate and House of Representa-*  
 2 *tives of the United States of America in Congress assembled,*  
 3 That this Act may be cited as the “Family Planning Amend-  
 4 ments of 1970”.

- 5 SEC. 2. Part B of title III of the Public Health Serv-  
 6 ice Act (42 U.S.C. 243 et seq.) is amended by adding after  
 7 section 315 the following section:

- 8 “FAMILY PLANNING SERVICES

- 9 “SEC. 316. (a) (1) The Secretary is authorized to make  
 10 grants to or contracts with public or nonprofit private agen-

1 eies, institutions, and organizations for projects for the provi-  
2 sion of family planning services. Except in cases in which the  
3 Secretary determines a higher percentage is necessary to  
4 carry out the purposes of this section, no such grant or  
5 contract may provide for payment hereunder of more than  
6 90 per centum of the cost of the project.

7 “(2) Grants may be made and contracts entered into  
8 under this subsection only upon assurances satisfactory to  
9 the Secretary that—

10 “(A) priority will be given in the furnishing of  
11 such services to persons from low-income families;

12 “(B) no charge will be made for services provided  
13 under the project to any person from a low-income family  
14 except to the extent that payment will be made by a  
15 third party (including a government agency) which is  
16 authorized or is under legal obligation to pay such charge;

17 “(C) acceptance of any service provided under the  
18 project will be voluntary on the part of the person to  
19 whom such service is offered and will not be a pre-  
20 requisite to eligibility for or receipt of any other service  
21 or to assistance from or participation in any other pro-  
22 gram or project of the grantee;

23 “(D) there will be appropriate coordination of serv-  
24 ices provided under the project with, and utilization of,

1 other related Federal, State, or local health or welfare  
2 programs; and

3 “(E) the project will comply with such other terms  
4 and conditions as the Secretary may prescribe to carry  
5 out the purposes of this section.

6 “(b) The Secretary is authorized to make grants to  
7 public or nonprofit private agencies, institutions, and orga-  
8 nizations, and contracts with public or private agencies, in-  
9 stitutions, or organizations, for graduate or specialized train-  
10 ing of physicians, nurses, other health personnel, social work  
11 personnel, and subprofessionals to improve their ability to  
12 provide family planning services and to do so more effec-  
13 tively.

14 “(c) (1) The Secretary is authorized to make grants to  
15 public or nonprofit private agencies, institutions, and organiza-  
16 tions, and contracts with public or private agencies, institutions,  
17 or organizations, for projects for research into or demonstration  
18 of new or improved techniques for the delivery of family plan-  
19 ning services, with particular attention given to development of  
20 methods or techniques for making such services available to  
21 persons from low-income families.

22 “(2) The Secretary, acting through the Center for Popu-  
23 lation Research, is authorized to make grants to public or non-  
24 profit private agencies, institutions, and organizations, and to

1 enter into contracts with public or private agencies, institutions,  
2 and organizations, for projects for research into contraceptives.

3 “(d) For purposes of this section, what constitutes a low-  
4 income family shall be determined in accordance with criteria  
5 prescribed by the Secretary.

6 “(e) The Secretary is authorized to provide, or to make  
7 contracts for the provision of, consultative services and tech-  
8 nical assistance to public or nonprofit private agencies, institu-  
9 tions, and organizations providing or planning to provide family  
10 planning services.

11 “(f) Payments under this section pursuant to a grant or  
12 contract may be made (after necessary adjustment, in the  
13 case of grants, on account of previously made overpayments  
14 or underpayments) in advance or by way of reimbursement,  
15 and on such conditions, as the Secretary may determine.

16 “(g) (1) For purposes of making grants and contracts  
17 under this section (other than under subsection (c) (2) of  
18 this section), there are authorized to be appropriated \$35,-  
19 000,000 for the fiscal year ending June 30, 1971, \$70,000,-  
20 000 for the fiscal year ending June 30, 1972, \$100,000,000  
21 for the fiscal year ending June 30, 1973, \$130,000,000 for  
22 the fiscal year ending June 30, 1974, and \$150,000,000  
23 for the fiscal year ending June 30, 1975.

24 “(2) For the purpose of making grants and contracts  
25 under subsection (e) (2), there are authorized to be appro-

1 priated \$30,000,000 for the fiscal year ending June 30,  
2 1971, \$60,000,000 for the fiscal year ending June 30, 1972,  
3 \$90,000,000 for the fiscal year ending June 30, 1973, and  
4 \$100,000,000 each for the fiscal years ending June 30,  
5 1974, and June 30, 1975.

6 “(3) Such portion of any appropriation pursuant to  
7 paragraph (1) as the Secretary may determine, but not  
8 exceeding 1 per centum thereof, shall be available for evalu-  
9 ation by the Secretary (directly or by grants or contracts) of  
10 the program under this section.

11 “(h) The Secretary shall submit to the President and  
12 the Congress annually a report on the activities of the various  
13 executive departments in the field of family planning services,  
14 including his estimate of the extent to which the purposes of  
15 this section are being carried out.”

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[H.R. 11123, 91st Cong., 1st sess., introduced by Mr. Carter on May 12, 1969;  
H.R. 11550, 91st Cong., 1st sess., introduced by Mr. Schéuer (for himself, Mr. Bush, Mr. Button, Mrs. Chisholm, Mr. Conable, Mr. Conyers, Mr. Dellenback, Mr. Diggs, Mr. Esch, Mr. Fraser, Mr. Hawkins, Mr. Leggett, Mr. McCloskey, Mr. Mikva, Mr. Ottinger, Mr. Podell, Mr. Rosenthal, Mr. Stokes, Mr. Taft, and Mr. Udall) on May 21, 1969;  
H.R. 11551, 91st Cong., 1st sess., introduced by Mr. Scheuer (for himself, Mr. Anderson of Illinois, Mr. Ashley, Mr. Bingham, Mr. Blackburn, Mr. Buchanan, Mr. Cohelan, Mr. Coughlin, Mr. Edwards of California, Mr. Fisher, Mr. Hammerschmidt, Mr. Koch, Mr. Mntsunaga, Mrs. Mink, Mr. Mize, Mr. Moss, Mr. Pryor of Arkansas, Mr. Rees, Mr. Schneebeli, Mr. Thompson of New Jersey, and Mr. Wold) on May 21, 1969;  
H.R. 11756, 91st Cong., 1st sess., introduced by Mr. Kastenmeier on May 28, 1969;  
H.R. 11789, 91st Cong., 1st sess., introduced by Mr. Horton on June 2, 1969;  
H.R. 11902, 91st Cong., 1st sess., introduced by Mr. Bush (for himself, Mr. Bell of California, Mr. Brown of Michigan, Mr. Dulski, Mr. Gubser, Mr. Harvey, Mr. Long of Maryland, Mr. McCarthy, Mr. Pelly, Mr. Pike, Mr. Preyer of North Carolina, Mr. Quie, Mr. Reid of New York, Mr. Robison, Mr. Van Deerlin, Mr. Whitehurst, Mr. Charles H. Wilson, and Mr. Yates) on June 5, 1969;  
H.R. 11999, 91st Cong., 1st sess., introduced by Mr. Pettis on June 10, 1969;  
H.R. 12193, 91st Cong., 1st sess., introduced by Mr. Harvey on June 17, 1969;  
H.R. 12477, 91st Cong., 1st sess., introduced by Mr. Friedel on June 27, 1969;  
H.R. 12736, 91st Cong., 1st sess., introduced by Mr. Helstoski on July 10, 1969;  
H.R. 12839, 91st Cong., 1st sess., introduced by Mr. Brademas on July 15, 1969;  
H.R. 17999, 91st Cong., 2d sess., introduced by Mr. Tunney on June 9, 1970; and  
H.R. 18315, 91st Cong., 2d sess., introduced by Mr. Fisher on July 7, 1970; are identical as follows:]

## A BILL

To promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes.

Whereas unwanted births impair the stability and well-being of the individual family and severely limit the opportunity for each child within the family; and

Whereas over five million American women are denied access to modern, effective, medically safe family planning services due to financial need; and

Whereas significant benefits for the family and the community may be derived from planning, including the alleviation of poverty, the reduction of maternal and infant mortality rates, the reduction of the number of premature births, and of crippling and mental diseases in infants; and

Whereas research efforts to develop more effective, medically safe methods of family planning are inadequate to meet the need and urgency of the problem; and

Whereas family planning has been recognized nationally and internationally as a universal human right; and

Whereas it is the policy of Congress to foster the integrity of the family and the opportunity for each child; to guarantee the right of the family to freely determine the number and spacing of its children within the dictates of its individual conscience; to extend family planning services, on a voluntary basis, to all who desire such services: Now, therefore,

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3                               DECLARATION OF PURPOSE

4       SECTION 1. It is the purpose of this Act—

5               (a) to make comprehensive voluntary family  
6       planning services readily available to all persons desiring  
7       such services;

8               (b) to coordinate domestic population and family  
9       planning research with the present and future needs of  
10      population and family planning programs;

11              (c) to improve administrative and operational  
12      supervision of domestic family planning services and of  
13      population research programs related to such services;

14              (d) to enable public and voluntary agencies to plan

1 and develop comprehensive programs of family planning  
2 services;

3 (e) to evaluate and improve the effectiveness of  
4 family planning service programs and of population  
5 research;

6 (f) to provide the trained manpower needed to  
7 effectively carry out programs of population research  
8 and family planning services; and

9 (g) to establish a National Center for Population  
10 and Family Planning as a primary focus within the  
11 Federal Government on matters pertaining to popula-  
12 tion and family planning, through which the Secretary  
13 of Health, Education, and Welfare shall carry out the  
14 purposes of this Act.

15 ESTABLISHMENT OF NATIONAL CENTER FOR POPULATION  
16 AND FAMILY PLANNING

17 SEC. 2. (a) There is hereby established, within the  
18 Department of Health, Education, and Welfare, a National  
19 Center for Population and Family Planning (hereinafter  
20 in this Act referred to as the "Center"). The Center shall,  
21 for administrative purposes within such Department, be  
22 placed under the direct supervision of the Assistant Secre-  
23 tary for Health and Scientific Affairs.

## 4

1 (b) The Center shall have a Director and a Deputy  
2 Director and such regional population and family planning  
3 advisers of the Center as the Director, with the approval  
4 of the Secretary of Health, Education, and Welfare (here-  
5 inafter referred to as the "Secretary"), may determine.

6 (c) The Center shall establish identifiable units to  
7 carry out, at a minimum, the following functions: Public  
8 information, program planning and development, manpower  
9 development and training, supervision of field services,  
10 reproductive physiology research, contraceptive develop-  
11 ment, operational and evaluation research, behavioral re-  
12 search, and grants management (research and services).

13 (d) The Secretary is authorized to provide the Center  
14 with such full-time professional and clerical staff and with  
15 the services of such consultants as may be necessary for  
16 the Center to carry out its duties and functions.

17 FUNCTIONS OF THE CENTER

18 SEC. 3. (a) The Secretary of Health, Education, and  
19 Welfare shall utilize the Center—

20 (1) to administer all Federal laws, over which the  
21 Secretary has administrative responsibility, which pro-  
22 vide for or authorize the making of special project grants  
23 related to population and family planning;

24 (2) to administer and be responsible for all popu-  
25 lation and family planning research carried on directly

## 5

1 by the Department of Health, Education, and Welfare or  
2 supported through grants to or contracts with public and  
3 nonprofit agencies, institutions, and individuals;

4 (3) to act as a clearinghouse for information per-  
5 taining to domestic and international population and  
6 family planning programs;

7 (4) to provide a liaison with the activities carried  
8 on by other agencies and instrumentalities of the Federal  
9 Government relating to population and family planning;

10 (5) to provide or support training for necessary  
11 manpower for domestic and foreign population and  
12 family planning programs of service and research;

13 (6) to coordinate and be responsible for the evalua-  
14 tion of the other Department of Health, Education, and  
15 Welfare programs related to family planning and popu-  
16 lation and to make periodic recommendations to the Sec-  
17 retary as set forth in section 4;

18 (7) to carry out the purposes set forth in subsec-  
19 tions (a) through (f) of section 1 of this Act; and

20 (8) to carry out the programs established by the  
21 succeeding provisions of this Act.

22 (h) There are hereby authorized to be appropriated for  
23 each fiscal year such amounts as may be necessary to meet  
24 the administrative expenses of the Center.

## PLANS AND REPORTS

1

2       SEC. 4. (a) Not later than six months after the passage  
3 of this bill the Secretary shall make a report to the Congress  
4 setting forth a plan, to be carried out over a period of five  
5 years, for extension of family planning services to all per-  
6 sons desiring such services, for research programs, and for  
7 training of necessary manpower.

8       (b) Such a plan shall, at a minimum, indicate on a  
9 phased basis—

10           (1) the number of individuals to be served, the  
11 research goals to be reached, and the manpower to be  
12 trained;

13           (2) an estimate of the costs and personnel require-  
14 ments needed to meet these objectives; and

15           (3) the steps to be taken to establish a systematic  
16 reporting system capable of yielding comprehensive  
17 data on which service figures and program evaluations  
18 for the Department of Health, Education, and Welfare  
19 shall be based.

20       (c) On January 1 following submission of the plan  
21 and on each January 1 thereafter for a period of five years,  
22 the Secretary shall submit to the Congress a report which  
23 shall—

24           (1) compare results achieved during the preceding

1       fiscal year for provision of services with the objectives  
2       established for such year under the plan;

3           (2) indicate steps being taken to achieve the objec-  
4       tive during the remaining fiscal years of the plan and any  
5       revisions necessary to meet these objectives; and

6           (3) make recommendations with respect to any  
7       additional legislative or administrative action necessary  
8       or desirable in carrying out the plan.

9       SPECIAL PROJECT GRANTS FOR FAMILY PLANNING

10                               SERVICES

11       SEC. 5. (a) The Secretary is authorized to make,  
12       through the Center, grants to public agencies and nonprofit  
13       organizations and institutions to assist in the establishment  
14       and operation of voluntary family planning projects.

15       (b) Grants under this section shall be made according  
16       to regulations promulgated by the Secretary. Funds shall be  
17       allocated after taking into account the number of patients to  
18       be served, the extent to which family planning services are  
19       needed locally, the relative need of the applicant and its  
20       capacity to make rapid and effective use of such assistance.

21       (c) Any grant under this section shall be payable in  
22       such installments and subject to such conditions as the Sec-  
23       retary may determine to be appropriate to assure that such

1 grant will be effectively utilized for the purpose for which it  
2 is made.

3 (d) For the purpose of making grants under this sec-  
4 tion, there is authorized to be appropriated \$30,000,000 for  
5 the fiscal year ending June 30, 1971, \$60,000,000 for the  
6 fiscal year ending June 30, 1972, \$90,000,000 for the fiscal  
7 year ending June 30, 1973, \$120,000,000 for the fiscal year  
8 ending June 30, 1974, and \$150,000,000 for the fiscal year  
9 ending June 30, 1975.

10 (e) The acceptance of family planning services pro-  
11 vided shall be voluntary and shall not be a prerequisite or  
12 impediment to eligibility for or the receipt from other or  
13 participation in any other programs of financial or medical  
14 assistance.

15 **FORMULA GRANTS FOR FAMILY PLANNING PUBLIC HEALTH**  
16 **SERVICES**

17 **SEC. 6. (a)** There are authorized to be appropriated  
18 \$10,000,000 for the fiscal year ending June 30, 1971,  
19 \$15,000,000 for the fiscal year ending June 30, 1972,  
20 \$20,000,000 for the fiscal year ending June 30, 1973, and  
21 \$25,000,000 for the fiscal year ending June 30, 1974, to  
22 enable the Secretary to make grants to State health agencies  
23 to assist the States in planning, establishing, maintaining,  
24 coordinating, and evaluating family planning services. The

1 sum so appropriated shall be used for making payments to  
2 States which have submitted, and had approved by the Sec-  
3 retary, State plans for a coordinated and comprehensive pro-  
4 gram of family planning services.

5 (b) From the sums appropriated to carry out the pro-  
6 visions of this section, the several States shall be entitled for  
7 each fiscal year to allotments determined by the Secretary on  
8 the basis of the population and financial need of the respec-  
9 tive States.

10 (c) For the purposes of this section the term "State"  
11 includes the Commonwealth of Puerto Rico, Guam, Ameri-  
12 can Samoa, the Virgin Islands, and the District of Columbia.

13 (d) The acceptance of family planning services pro-  
14 vided shall be voluntary and shall not be a prerequisite or  
15 impediment to eligibility for or the receipt from other or  
16 participation in any other programs of financial or medical  
17 assistance.

18 **TRAINING GRANTS**

19 **SEC. 7.** For the purpose of training the necessary man-  
20 power required to fulfill the purposes of sections 4 and 5,  
21 the following sums shall be authorized and appropriated:  
22 \$2,000,000 for the fiscal year ending June 30, 1971,  
23 \$3,000,000 for the fiscal year ending June 30, 1972,

1 \$4,000,000 for the fiscal year ending June 30, 1973, \$5,-  
2 000,000 for the fiscal year ending June 30, 1974, and \$6,-  
3 000,000 for the fiscal year ending June 30, 1975.

4 RESEARCH GRANTS

5 SEC. 8. (a) In order to promote research in the bio-  
6 medical, contraceptive development, behavioral and pro-  
7 gram implementation fields related to population and family  
8 planning, the Secretary is authorized to make grants to  
9 public agencies and nonprofit organizations and institutions,  
10 and to enter into contracts with groups, associations, insti-  
11 tutions, and individuals or corporations for the conduct of  
12 such research. The Secretary shall utilize the Center in  
13 administering the provisions of this section.

14 (b) For the purpose of making grants and entering into  
15 contracts under this section, there is hereby authorized to  
16 be appropriated \$35,000,000 for the fiscal year ending June  
17 30, 1971, \$50,000,000 for the fiscal year ending June  
18 30, 1972, \$65,000,000 for the fiscal year ending June 30,  
19 1973, \$85,000,000 for the fiscal year ending June 30,  
20 1974, and \$100,000,000 for the fiscal year ending June  
21 30, 1975.

1 GRANTS FOR CONSTRUCTION OF POPULATION RESEARCH  
2 CENTERS

3 SEC. 9. (a) There is authorized to be appropriated  
4 \$12,000,000 for the fiscal year ending June 30, 1971,  
5 \$14,000,000 for the fiscal year ending June 30, 1972,  
6 \$16,000,000 for the fiscal year ending June 30, 1973,  
7 \$18,000,000 for the fiscal year ending June 30, 1974, and  
8 \$20,000,000 for the fiscal year ending June 30, 1975, for  
9 project grants to assist in meeting the cost of construction  
10 and operation of centers for research (or research and related  
11 activities) relating to human reproduction, sterility, con-  
12 traception, effectiveness of service delivery, population trends,  
13 and other aspects of, or factors which affect, population dy-  
14 namics. Funds so appropriated shall be available until ex-  
15 pended for payments with respect to projects for which ap-  
16 plications have been filed under this part before July 1, 1976,  
17 and approved by the Secretary before July 1, 1977.

18 (b) Applications for grants under this section with  
19 respect to any center may be approved by the Secretary  
20 only if—

21 (1) the applicant is an institution of higher educa-

tion or other public or private nonprofit institution which the Secretary determines, after consultation with the appropriate national advisory council or councils, is competent to engage in the type of research (or research and related activities) for which the center is to be constructed; and

(2) the application contains or is supported by reasonable assurances that (A) for not less than twenty years after completion of construction, the facility will be used for the purposes for which it was constructed; (B) sufficient funds will be available for meeting the non-Federal share of the cost of constructing the facility; (C) sufficient funds will be available, when the construction is completed, for effective use of the facility for the purposes for which it was constructed; and (D) all laborers and mechanics employed by contractors or subcontractors in the performance of construction of the center will be paid wages at rates not less than those prevailing or similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a—276a-5) ; and the Secretary of Labor shall have, with respect to the labor standards specified in this clause the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176) and section 2 of

1 the Act of June 13, 1934, as amended (40 U.S.C.  
2 276c).

3 (c) In acting on applications for grants, the Secretary  
4 shall take into consideration the relative effectiveness of the  
5 proposed facilities in expanding the Nation's capacity for  
6 research (or research and related activities) in the field of  
7 population dynamics and such other factors as he, after con-  
8 sultation with the appropriate national advisory council or  
9 councils, may prescribe by regulations in order to assure that  
10 the facilities constructed with such grants, severally and to-  
11 gether, will best serve the purpose of advancing scientific  
12 knowledge related to population dynamics.

13 (d) (1) The total of the grants with respect to any proj-  
14 ect under this section may not exceed 75 per centum of the  
15 necessary cost of the project as determined by the Secretary.

16 (2) Payment of grants under this section shall be made  
17 in advance or by way of reimbursement, and in such install-  
18 ments (consistent with construction progress) and on such  
19 conditions, as the Secretary may determine.

20 (e) If, within twenty years after completion of any  
21 construction for which funds have been paid under this  
22 section—

23 (1) the applicant or other owner of the facility  
24 shall cease to be a public or private nonprofit institution,  
25 or

1           (2) the facility shall cease to be used for the pur-  
2       poses for which it was constructed, unless the Secretary  
3       determines, in accordance with the regulations, that  
4       there is good cause for releasing the applicant or other  
5       owner from the obligation to do so,

6       the United States shall be entitled to recover from the appli-  
7       cant or other owner of the facility the amount bearing the  
8       same ratio to the then value (as determined by agreements  
9       of the parties or by action brought in the United States dis-  
10      trict court for the district in which such facility is situated)  
11      of the facility, as the amount of the Federal participation  
12      bore to the cost of the construction of the facility.

13       (f) Except as otherwise specifically provided in this  
14      section, nothing contained in this section shall be construed  
15      as authorizing any department, agency, officer, or employee  
16      of the United States to exercise any direction, supervision,  
17      or control over, or impose any requirement or condition with  
18      respect to, the research or related activities conducted by,  
19      or the personnel or administration of, any institution.

20       (g) Within six months after the enactment of this sec-  
21      tion, the Secretary, after consultation with the appropriate  
22      advisory council or councils, shall prescribe general regula-  
23      tions covering the eligibility of institutions, and the terms  
24      and conditions for approving applications.

25       (h) As used in this section the terms "construction"

1 and "cost of construction" include (A) the construction of  
2 new buildings and the expansion, remodeling, and alteration  
3 of existing buildings, including architects' fees and the cost  
4 of acquisition of land, but not including the cost of offsite  
5 improvements, and (B) equipping new buildings and exist-  
6 ing buildings, whether or not expanded, remodeled, or  
7 altered.

8 (i) The Secretary shall administer the provisions of  
9 this section by and through the Center.

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[S. 2108, 91st Cong., 2d Sess., Referred to the Committee on Interstate and Foreign  
Commerce on July 15, 1970]

## AN ACT

To promote public health and welfare by expanding, improving,  
and better coordinating the family planning services and  
population research activities of the Federal Government,  
and for other purposes.

Whereas unwanted births impair the stability and well-being  
of the individual family and severely limit the opportunity  
for each child within the family;

Whereas over five million American women are denied access  
to modern, effective, medically safe family planning services  
due to financial need;

Whereas significant benefits for the family and the community  
may be derived from family planning including the allevia-  
tion of poverty, the reduction of maternal and infant mortal-  
ity rates, the reduction of the number of premature births



1 population research programs related to such services;  
2 (d) to enable public and voluntary agencies to plan  
3 and develop comprehensive programs of family planning  
4 services;

5 (e) to develop and make readily available informa-  
6 tion (including educational materials) on family plan-  
7 ning and population growth to all persons desiring such  
8 information;

9 (f) to evaluate and improve the effectiveness of  
10 family planning service programs and of population  
11 research;

12 (g) to provide the trained manpower needed to  
13 effectively carry out programs of population research  
14 and family planning services; and

15 (h) to establish an Office of Population Affairs in  
16 the Department of Health, Education, and Welfare as a  
17 primary focus within the Federal Government on matters  
18 pertaining to population and family planning, through  
19 which the Secretary of Health, Education, and Welfare  
20 shall carry out the purposes of this Act.

21 OFFICE OF DEPUTY ASSISTANT SECRETARY FOR  
22 POPULATION AFFAIRS

23 SEC. 2. (a) There is hereby established within the De-  
24 partment of Health, Education, and Welfare an Office of

1 Population Affairs to be directed by a Deputy Assistant Sec-  
2 retary for Population Affairs under the direct supervision of  
3 the Assistant Secretary for Health and Scientific Affairs.  
4 The Deputy Assistant Secretary for Population Affairs shall  
5 be appointed by the Secretary.

6 (b) The Secretary is authorized to provide the Office  
7 of Population Affairs with such full-time professional and  
8 clerical staff and with the services of such consultants as may  
9 be necessary for it to carry out its duties and functions.

10 FUNCTIONS OF THE DEPUTY ASSISTANT SECRETARY  
11 FOR POPULATION AFFAIRS

12 SEC. 3. (a) The Secretary for Health, Education, and  
13 Welfare shall utilize the Deputy Assistant Secretary for  
14 Population Affairs—

15 (1) to administer all Federal laws, over which the  
16 Secretary has administrative responsibility, which pro-  
17 vide for or authorize the making of formula or special  
18 project grants related to population and family planning;

19 (2) to administer and be responsible for all popula-  
20 tion and family planning research carried on directly  
21 by the Department of Health, Education, and Welfare  
22 or supported through grants to or contracts with  
23 agencies, institutions, and individuals;

24 (3) to act as a clearinghouse for information per-  
25 taining to domestic and international population and

1 family planning programs for use by all interested per-  
2 sons and public and private groups;

3 (4) to provide a liaison with the activities carried  
4 on by other agencies and instrumentalities of the Federal  
5 Government relating to population and family planning;

6 (5) to provide or support training for necessary  
7 manpower for domestic and foreign population and fam-  
8 ily planning programs of service and research;

9 (6) to coordinate and be responsible for the evalua-  
10 tion of the other Department of Health, Education, and  
11 Welfare programs related to family planning and popu-  
12 lation and to make periodic recommendations to the  
13 Secretary as set forth in section 4;

14 (7) to carry out the purposes set forth in sub-  
15 sections (a) through (h) of section 1 of this Act; and

16 (8) to carry out the programs established by the  
17 succeeding provisions of this Act.

18 (b) There are hereby authorized to be appropriated for  
19 each fiscal year such amounts as may be necessary to meet  
20 the administrative expenses of the Office of Population  
21 Affairs.

#### 22 PLANS AND REPORTS

23 SEC. 4. (a) Not later than six months after enactment  
24 of this Act the Secretary shall make a report to the Con-  
25 gress setting forth a plan, to be carried out over a period of

## 6

1 five years, for extension of family planning services to all  
2 persons desiring such services, for research programs, for  
3 training of necessary manpower, and for carrying out the  
4 other purposes set forth in this Act.

5 (b) Such a plan shall, at a minimum, indicate on a  
6 phased basis:

7 (1) the number of individuals to be served, the  
8 types of family planning and population growth infor-  
9 mation and educational materials to be developed and  
10 how they will be made available, the research goals to  
11 be reached, and the manpower to be trained;

12 (2) an estimate of the costs and personnel require-  
13 ments needed to meet these objectives; and

14 (3) the steps to be taken to establish a systematic  
15 reporting system capable of yielding comprehensive data  
16 on which service figures and program evaluations for the  
17 Department of Health, Education, and Welfare shall be  
18 based.

19 (c) On January 1 following submission of the plan and  
20 on each January 1 thereafter for a period of five years, the  
21 Secretary shall submit to the Congress a report which shall;

22 (1) compare results achieved during the preceding  
23 fiscal year with the objectives established for such year  
24 under the plan;

25 (2) indicate steps being taken to achieve the objec-

## 7

1       tive during the remaining fiscal years of the plan and any  
2       revisions necessary to meet these objectives; and

3           (3) make recommendations with respect to any  
4       additional legislative or administrative action necessary  
5       or desirable in carrying out the plan.

6       SPECIAL PROJECT GRANTS FOR FAMILY PLANNING

7                               SERVICES

8       SEC. 5. (a) The Secretary is authorized to make grants  
9       to public agencies and nonprofit organizations and institutions  
10      to assist in the establishment and operation of voluntary  
11      family planning projects.

12      (b) Grants under this section shall be made according  
13      to regulations promulgated by the Secretary. Funds shall be  
14      allocated after taking into account the number of patients to  
15      be served, the extent to which family planning services are  
16      needed locally, the relative need of the applicant and its  
17      capacity to make rapid and effective use of such assistance.

18      (c) Any grant under this section shall be payable in  
19      such installments and subject to such conditions as the  
20      Secretary may determine to be appropriate to assure that  
21      such grant will be effectively utilized for the purpose for  
22      which it is made.

23      (d) For the purpose of making grants under this sec-  
24      tion, there is authorized to be appropriated \$30,000,000 for  
25      the fiscal year ending June 30, 1971, \$60,000,000 for the

1 fiscal year ending June 30, 1972, \$90,000,000 for the fiscal  
2 year ending June 30, 1973, \$120,000,000 for the fiscal year  
3 ending June 30, 1974, and \$150,000,000 for the fiscal year  
4 ending June 30, 1975.

5 (e) The acceptance of family planning services pro-  
6 vided shall be voluntary and shall not be a prerequisite or  
7 impediment to eligibility for or the receipt of other benefits  
8 or participation in any other programs of financial or med-  
9 ical assistance.

10 **FORMULA GRANTS FOR FAMILY PLANNING, PUBLIC**  
11 **HEALTH SERVICES**

12 **SEC. 6. (a)** There are authorized to be appropriated  
13 \$10,000,000 for the fiscal year ending June 30, 1971,  
14 \$15,000,000 for the fiscal year ending June 30, 1972,  
15 \$20,000,000 for the fiscal year ending June 30, 1973,  
16 \$25,000,000 for the fiscal year ending June 30, 1974,  
17 and \$30,000,000 for the fiscal year ending June 30, 1975,  
18 to enable the Secretary to make grants to State health  
19 agencies to assist the States in planning, establishing, main-  
20 taining, coordinating, and evaluating family planning serv-  
21 ices. The sum so appropriated shall be used for making  
22 payments to States which have submitted, and had approved  
23 by the Secretary, State plans for a coordinated and com-  
24 prehensive program of family planning services.

25 (b) From the sums appropriated to carry out the pro-

1 visions of this section, the several States shall be entitled  
2 for each fiscal year to allotments determined by the Secre-  
3 tary on the basis of the population and financial need of  
4 the respective States.

5 (c) For the purposes of this section the term "State"  
6 includes the Commonwealth of Puerto Rico, Guam, Ameri-  
7 can Samoa, the Virgin Islands, the District of Columbia, and  
8 the Trust Territory of the Pacific Islands.

9 (d) The acceptance of family planning services pro-  
10 vided shall be voluntary and shall not be a prerequisite or  
11 impediment to eligibility for or the receipt of other benefits  
12 or participation in any other programs of financial or medical  
13 assistance.

#### 14 TRAINING GRANTS

15 SEC. 7. For the purpose of training the necessary man-  
16 power required to fulfill the purposes of sections 4 and 5,  
17 the following sums shall be authorized and appropriated:  
18 \$2,000,000 for the fiscal year ending June 30, 1971; \$3,-  
19 000,000 for the fiscal year ending June 30, 1972; \$4,000,-  
20 000 for the fiscal year ending June 30, 1973; \$5,000,000  
21 for the fiscal year ending June 30, 1974; and \$6,000,000  
22 for the fiscal year ending June 30, 1975.

#### 23 RESEARCH GRANTS

24 SEC. 8. (a) In order to promote research in the bio-  
25 medical, contraceptive development, behavioral and program

1 implementation fields related to population and family plan-  
2 ning, the Secretary is authorized to make grants to public  
3 agencies and nonprofit organizations and institutions, and to  
4 enter into contracts with groups, associations, institutions, in-  
5 dividuals, or corporations for the conduct of such research.

6 The Secretary shall utilize the Office of Population Affairs  
7 in administering the provisions of this section.

8 (b) For the purpose of making grants and entering into  
9 contracts under this section, there is hereby authorized to  
10 be appropriated \$35,000,000 for the fiscal year ending June  
11 30, 1971, \$50,000,000 for the fiscal year ending June 30,  
12 1972, \$65,000,000 for the fiscal year ending June 30, 1973,  
13 \$85,000,000 for the fiscal year ending June 30, 1974, and  
14 \$100,000,000 for the fiscal year ending June 30, 1975.

15 GRANTS FOR CONSTRUCTION OF POPULATION RESEARCH  
16 CENTERS

17 SEC. 9. (a) There is authorized to be appropriated  
18 \$12,000,000 for the fiscal year ending June 30, 1971,  
19 \$14,000,000 for the fiscal year ending June 30, 1972,  
20 \$16,000,000 for the fiscal year ending June 30, 1973,  
21 \$18,000,000 for the fiscal year ending June 30, 1974, and  
22 \$20,000,000 for the fiscal year ending June 30, 1975, for  
23 project grants to assist in meeting the cost of construction  
24 and operation of centers for research (or research and related  
25 activities) relating to human reproduction, sterility, contra-

1 ception, effectiveness of service delivery, population trends,  
2 and other aspects of, or factors which affect population dy-  
3 namics. Sums so appropriated shall be available until ex-  
4 pended for payments with respect to projects for which  
5 applications have been filed under this part before July 1,  
6 1976, and approved by the Secretary before July 1, 1977.

7 (b) Applications for grants under this section with re-  
8 spect to any center may be approved by the Secretary  
9 only if—

10 (1) the applicant is an institution of higher educa-  
11 tion or other public or private nonprofit institution which  
12 the Secretary determines is competent to engage in the  
13 type of research (or research and related activities) for  
14 which the center is to be constructed; and

15 (2) the application contains or is supported by  
16 reasonable assurances that (A) for not less than twenty  
17 years after completion of construction, the facility will  
18 be used for the purposes for which it was constructed;

19 (B) sufficient funds will be available for meeting the  
20 non-Federal share of the cost of constructing the facility;

21 (C) sufficient funds will be available, when the construc-  
22 tion is completed, for effective use of the facility for  
23 the purposes for which it was constructed; and (D) all  
24 laborers and mechanics employed by contractors or sub-  
25 contractors in the performance of construction of the

1 Center will be paid wages at rates not less than those  
2 prevailing for similar construction in the locality as de-  
3 termined by the Secretary of Labor in accordance with  
4 the Davis-Bacon Act, as amended (40 U.S.C. 276a—  
5 276a-5) ; and the Secretary of Labor shall have, with  
6 respect to the labor standards specified in this clause, the  
7 authority and functions set forth in Reorganization Plan  
8 Numbered 14 of 1950 (15 F.R. 3176) and section 2  
9 of the Act of June 13, 1934, as amended (40 U.S.C.  
10 276c).

11 (c) In acting on applications for grants, the Secretary  
12 shall take into consideration the relative effectiveness of  
13 the proposed facilities in expanding the Nation's capacity  
14 for research (or research and related activities) in the field  
15 of population dynamics and such other factors as he may  
16 prescribe by regulations in order to assure that the facilities  
17 constructed with such grants, severally and together, will  
18 best serve the purpose of advancing scientific knowledge  
19 related to population dynamics.

20 (d) (1) The total of the grants with respect to any  
21 project under this section may not exceed 75 per centum of  
22 the necessary cost of the project as determined by the  
23 Secretary.

24 (2) Payment of grants under this section shall be made  
25 in advance or by way of reimbursement, and in such install-

1 ments (consistent with construction progress) and on such  
2 conditions, as the Secretary may determine.

3 (e) If, within twenty years after completion of any con-  
4 struction for which funds have been paid under this section—

5 (1) the applicant or other owner of the facility  
6 shall cease to be a public or private nonprofit institution,  
7 or

8 (2) the facility shall cease to be used for the pur-  
9 poses for which it was constructed, unless the Secretary  
10 determines, in accordance with the regulations, that  
11 there is good cause for releasing the applicant or other  
12 owner from the obligation to do so,

13 the United States shall be entitled to recover from the appli-  
14 cant or other owner of the facility the amount bearing the  
15 same ratio to the then value (as determined by agree-  
16 ments of the parties or by action brought in the United States  
17 district court for the district in which such facility is  
18 situated) of the facility, as the amount of the Federal par-  
19 ticipation bore to the cost of the construction of the facility.

20 (f) Except as otherwise specifically provided in this  
21 section, nothing contained in this section shall be construed  
22 as authorizing any department, agency, officer, or employee  
23 of the United States to exercise any direction, supervision, or  
24 control over, or impose any requirement or condition with  
25 respect to, the research or related activities conducted by, or

1 the personnel or administration of, any institution.

2 (g) Within six months after the enactment of this sec-  
3 tion, the Secretary, after consultation with the appropriate  
4 advisory council or councils, shall prescribe general regula-  
5 tions covering the eligibility of institutions, and the terms and  
6 conditions for approving applications.

7 (h) As used in this section the terms "construction"  
8 and "cost of construction" include (A) the construction of  
9 new buildings and the expansion, reinodeling, and alteration  
10 of existing buildings, including architects' fees and the cost  
11 of acquisition of land, but not including the cost of offsite  
12 improvements, and (B) equipping new buildings and exist-  
13 ing buildings, whether or not expanded, remodeled or altered.

14 (i) The Secretary shall administer the provisions of this  
15 section by and through the Office of Population Affairs.

16 SPECIAL PROJECT GRANTS AND CONTRACTS FOR FAMILY  
17 PLANNING AND POPULATION GROWTH INFORMATION  
18 DISTRIBUTION AND EDUCATIONAL MATERIALS DEVEL-  
19 OPMENT

20 SEC. 10. (a) The Secretary is authorized to make proj-  
21 ect grants and enter into contracts with public agencies and  
22 nonprofit organizations and institutions to assist in develop-  
23 ing and making available family planning and population  
24 growth information (including educational materials) to all  
25 persons desiring such information (or materials).

1       (b) For the purpose of making grants or entering into  
2 contracts under this section there are authorized to be appro-  
3 priated \$750,000 for the fiscal year ending June 30, 1971;  
4 \$1,000,000 for the fiscal year ending June 30, 1972;  
5 \$1,250,000 for the fiscal year ending June 30, 1973;  
6 \$1,500,000 for the fiscal year ending June 30, 1974; and  
7 \$1,750,000 for the fiscal year ending June 30, 1975.

8       (c) The acceptance of family planning and population  
9 growth information (including educational materials) pro-  
10 vided shall be voluntary and shall not be a prerequisite or  
11 impediment to eligibility for or the receipt of other benefits  
12 or participation in any other programs of financial or med-  
13 ical assistance.

Passed the Senate July 14, 1970.

Attest:

FRANCIS R. VALEO,

*Secretary.*

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DEPARTMENT OF AGRICULTURE,  
OFFICE OF THE SECRETARY,  
Washington, D.C., December 24, 1969.

Hon. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in reply to your request of May 15, 1969, for a report on H.R. 11123, a bill "to promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes."

The bill provides for the establishment of a National Center for Population and Family Planning in the Department of Health, Education, and Welfare. The Center is designated, among other functions, to administer all population and family planning research carried on directly by that Department or supported by grants from or contracts with that Department. In addition, the Center would carry out five different grant programs provided for by the bill. These relate to special project grants for family planning services, formula grants for family planning public health services, manpower training grants, research grants, and grants for construction of population research centers.

The Department of Agriculture supports the principal objective of the bill, namely, to make comprehensive voluntary family planning services available to all persons desiring them. Many of the estimated five million American women alluded to in the introduction of the bill who are in need of financial and medical assistance in family planning are rural women, and thus among the population for which the Department of Agriculture has particular concern.

The President in his message to the Congress on population growth called for additional legislation to implement his recommendations concerning family planning services. The Department of Health, Education, and Welfare has submitted this legislation which has been introduced as H.R. 15159. Accordingly, we recommend its enactment in lieu of H.R. 11123.

The Bureau of the Budget advises that there is no objection to the presentation of the report from the standpoint of the Administration's program.

Sincerely,

CLIFFORD M. HARDIN, *Secretary.*

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EXECUTIVE OFFICE OF THE PRESIDENT,  
BUREAU OF THE BUDGET,  
Washington, D.C., November 18, 1969.

Hon. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request for a report on H.R. 9107, a bill "To establish a Commission on Population."

We recently provided our views to Chairman Dawson of the Committee on Government Operations on H.R. 13337, a bill "To establish a Commission on Population Growth and the American Future," the companion bill to S. 2701 which has passed the Senate. The Commission proposed in H.R. 13337 would inquire into and make recommendations concerning three specific aspects of population growth in the United States: (1) the probable course of population growth, internal migration, and related demographic developments between now and the year 2000; (2) the resources in the public sector of the economy that will be required to deal with the anticipated growth in population; and (3) the ways in which population growth may affect the activities of Federal, State, and local government. The provisions of H.R. 13337 are in accord with the recommendations made by the President in his message to the Congress on population growth on July 18.

While we support the general purpose of H.R. 9107, we recommend the enactment of H.R. 13337 in lieu thereof.

Sincerely yours,

WILFRED H. ROMMEL,  
Assistant Director for Legislative Reference.

EXECUTIVE OFFICE OF THE PRESIDENT,  
BUREAU OF THE BUDGET,  
Washington, D.C., December 19, 1969.

HON. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request for the views of the Bureau of the Budget on H.R. 11123, a bill "To promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes," and on H.R. 15159, a bill "To amend the Public Health Service Act to provide for special project grants for the provision of family planning services and related research, training, and technical assistance."

H.R. 15159 is identical to a draft bill submitted to the Congress on December 8, 1969, by the Secretary of Health, Education, and Welfare. It would carry out the President's recommendation in his message to the Congress of July 18, 1969, on population growth for legislation to implement a strengthened program of family planning services.

Accordingly, we recommend that your Committee give favorable consideration to this bill, in lieu of H.R. 11123. Enactment of H.R. 15159 would be in accord with the President's program.

Sincerely yours,

WILFRED H. ROMMEL,  
Assistant Director for Legislative Reference.

DEPARTMENT OF COMMERCE,  
OFFICE OF THE GENERAL COUNCIL,  
Washington, D.C., November 28, 1969.

HON. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in further reply to your request for the views of this Department concerning H.R. 9107, a bill "To establish a Commission on Population."

This bill is directed to the consequences which can be anticipated from the rapid growth in population now occurring. The Department of Commerce believes that this population growth poses many problems upon which our Nation must focus.

Although we endorse the general purpose of H.R. 9107, we recommend the enactment of H.R. 13337, proposed by the Administration, in lieu thereof. Under provisions for establishment of a Commission on Population contained in H.R. 13337, which was forwarded to the Congress on July 25, pursuant to the President's message relative to population growth of July 18, the Commission would have a larger membership. This would permit selection of a broader group better capable of representing the many and diverse groups interested in various aspects of population growth. Moreover, the Commission's activities would be focused on the problems which the Nation will face rather than the more diffused international study proposed by H.R. 9107.

Accordingly, we favor enactment of H.R. 13337 rather than H.R. 9107. The Bureau of the Budget has advised that enactment of H.R. 13337 would be in accord with the program of the President.

Sincerely,

JAMES T. LYNN,  
General Counsel.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
Washington, D.C., April 17, 1970.

HON. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This letter is in response to your request of December 11, 1969, for a report on H.R. 15159, a bill "To amend the Public Health Service Act

to provide for special project grants for the provision of family planning services and related research, training, and technical assistance".

This bill is the same as the draft bill which we sent to the Congress on December 8, 1969, in order to assist in carrying out those recommendations of the President in his July 18, 1969, Message on population growth which relate to the responsibilities of this Department. For the reasons stated in that Message, we urge the Committee to act favorably on this bill.

The Bureau of the Budget advises that enactment of this bill would be in accord with the program of the President.

Sincerely,

ROBERT H. FINCH,  
Secretary.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
Washington, D.C., August 14, 1970.

HON. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This letter is in response to your request of July 20, 1970, for a report on S. 2108, a bill "To promote health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes."

My views on S. 2108, H.R. 15159 and other population and family planning bills were presented on August 3, 1970, in testimony before the Subcommittee on Public Health and Welfare of your Committee. For your convenience, a copy of my prepared testimony is enclosed.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

ELLIOT L. RICHARDSON,  
Secretary.

Enclosure <sup>1</sup>

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
Washington, D.C., July 7, 1970.

HON. HARLEY O. STAGGERS,  
Chairman, Interstate and Foreign Commerce Committee, U.S. House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: The Department is deeply committed to the achievement of the goal set forth in the President's Message on Population Growth to provide adequate family planning services within the next five years to all those who want them but cannot afford them. It will not be possible for the Department to accomplish this task under existing authorizations.

I want to express the Administration's appreciation to you and Mr. Springer for introducing H.R. 15159, the Administration's family planning services bill. The Senate Committee on Labor and Public Welfare has conducted hearings on this and related legislative proposals and, we understand, will report a bill soon.

Although I am aware of the heavy load under which your committee is laboring, I hope that you will be able to schedule hearings on this legislation soon.

I am confident that by working together the Congress and the Administration can set in motion, before this session ends, the action necessary to make family planning services available to all American women.

Sincerely,

ELLIOT L. RICHARDSON,  
Secretary.

<sup>1</sup> See pp. 67, this hearing, for statement as presented by Secretary Richardson.

U.S. DEPARTMENT OF LABOR,  
OFFICE OF THE SECRETARY,  
Washington, D.C., November 19, 1969.

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in reply to your request for comments on H.R. 9108. "To amend the Public Health Service Act to provide a program of grants for the construction of population research centers."

The bill would authorize the appropriation of necessary sums for project grants to assist in meeting the cost of construction of population research centers. The grants, for 75 percent of the cost of the project, would be made to institutions of higher education or other public or nonprofit institutions which the Secretary of Health, Education, and Welfare judges to be competent to carry out research of this nature.

We note that adequate labor standards are provided in section 762(a)(2)(D) of the Act as it would be amended. In his message to the Congress of July 21, 1969, concerning population growth, the President recommended the establishment of a Commission to study problems of population growth and the American future, and called on the Department of Health, Education, and Welfare to take the lead in developing an expanded population research effort. Accordingly, we defer to the Department of Health, Education, and Welfare for further comment on the proposed legislation.

The Bureau of the Budget advises that there is no objection to the submission of this report from the standpoint of the Administration's program.

Sincerely,

GEORGE P. SHULTZ,  
*Secretary of Labor.*

DEPARTMENT OF STATE,  
Washington, D.C., December 19, 1969.

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in reply to your letter of June 10, 1969, enclosing a copy of H.R. 11123 "to promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government," and asking for a report.

Since the functions of the proposed National Center for Population and Family Planning are almost exclusively domestic, we believe it would be improper for the Department to comment on the specifics of the proposed legislation.

However, the existence of effective government programs of assistance to family planning in the United States will add materially to the effectiveness of our work in extending assistance in population/family planning to developing nations. The quality of instruction and research done in the United States is also important to our effectiveness abroad in this field. Therefore, whatever type of organization of the domestic agencies of the Federal Government would support the best performance of these functions would at the same time furnish the best support to our foreign assistance programs in population/family planning.

We note that H.R. 15159 is also pending before your Committee. This bill was proposed by the Department of Health, Education and Welfare and would implement a recommendation of the President in his message to the Congress on population. Accordingly, we recommend enactment of H.R. 15159 in lieu of H.R. 11123.

The Bureau of the Budget advises that from the standpoint of the Administration's program there is no objection to the submission of this report.

Sincerely yours,

H. G. TORBERT, Jr.,  
*Acting Assistant Secretary for Congressional Relations.*

Mr. ROGERS. Our first witness this morning is a distinguished member of the full committee, the Honorable Samuel N. Friedel. Mr. Friedel has a statement he would like to present to us this morning. Proceed as you see fit, sir.

**STATEMENT OF HON. SAMUEL N. FRIEDEL, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF MARYLAND**

Mr. FRIEDEL. Mr. Chairman and my colleagues: I am pleased to appear before this distinguished group. The Subcommittee on Public Health and Welfare during this session has been doing a fantastic job in producing legislation so badly needed by the Country. I, as a member of the Full Committee, just want you to know that all of us on the committee feel that you men are doing an excellent job and we appreciate it.

I am here today, of course, to speak on behalf of my bill, H.R. 12477, which would provide for a 5-year program to expand and coordinate Family Planning Services and population research activities of the Department of Health, Education, and Welfare.

H.R. 12477 is essentially identical to S. 2108 which I am pleased to note passed the Senate, July 14. The Senate bill did upgrade the administration of the program which I advocate within the Department of Health, Education, and Welfare by providing for a new office of the Deputy Assistant Secretary for Population Affairs. My bill would create a national center for population and family planning within the office of the Assistant Secretary for Health and Scientific Affairs. I do not regard this change as critical. It apparently has been done for administrative reasons. The Senate also added, in its version of this legislation, a new section 10 to provide for a program of special project grants and contracts for family planning and population growth information distribution. I regard this addition also as an improvement to my legislation. The total package as passed by the Senate would authorize almost a billion dollars over a 5-year period to provide these badly needed services within our Department of Health, Education, and Welfare.

As has been said, the availability of Family Planning Services is a necessity if all individuals are to have the opportunity within the dictates of their conscience to exert control over their own life destinies and enhance that of their children. I am particularly pleased that unanimity has been reached in the recognition of the desirability and need for noncoercive Family Planning Services. The President, in fact, recently established as a national goal that all individuals in need and desiring Family Planning Services would have them within the next 5 years. This bill, I think, will accomplish that goal.

Again, I want to emphasize at the outset, that this program as in other Federal programs relating to fertility, safeguards the individual's acceptance of these services. Information is available on a purely voluntary basis and the acceptance of such services is not, under any circumstances, a prerequisite to eligibility for receipt of other benefits or participation in any other forms of Federal assistance.

H.R. 12477 would provide the resources for an expanded effort to make voluntary family planning services available to all Americans, especially to those who are now denied access to effective, safe family planning services because of their financial circumstances. Our present delivery system has failed to provide this information to the almost 5 million medically indigent women in this country. The bill you are considering this morning will meet this need by

thorizing increased appropriations for these services as well as improved coordination between all Federal family planning and population activities. This bill also provides important authority for the expansion of research in reproduction, development of new safe and more effective contraceptive methods, grants for the training of the manpower required to carry out family planning programs and grants for population research and the construction of population research centers. All of these provisions are absolutely essential to a concerted attack on the inadequacies of our present family planning program.

I believe that this bill also addresses itself to the grave issue of population growth and the need for more adequate and widely available information on population growth. It is estimated that even at our present rate of population growth, the population of the United States will increase by almost one-third to 300 million in the next 30 years. We are going to simply have to learn a great deal more if we are going to be able to cope with the population of that magnitude. Voluntary family planning services such as those that would be provided under the bill certainly represent one of the best methods of achieving changes in population growth. Increased knowledge and awareness of all citizens of population growth issues will further encourage people to participate in these important family planning programs.

In conclusion, I urge my colleagues on the Interstate and Foreign Commerce Committee and members of this subcommittee to move quickly with regard to this excellent bill which you now have before you. It is a measure that will provide much needed medical family planning services to millions of women in the United States who cannot now afford them. It provides for the research that will help us all to better understand the phenomena of population growth and what it means for the future. And lastly, it will enable all couples to regulate fertility according to their own individual consciences.

Mr. ROGERS. Thank you, Congressman Friedel, for sharing your thoughts with us this morning.

Mr. FRIEDEL. Thank you, Mr. Chairman, for giving me the opportunity.

Mr. ROGERS. Our next witness is Hon. Clement J. Zablocki of Wisconsin. Congressman Zablocki has a statement he would like to present to us this morning. It is always a pleasure to welcome you, sir. Proceed.

#### **STATEMENT OF HON. CLEMENT J. ZABLOCKI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WISCONSIN**

Mr. ZABLOCKI. Mr. Chairman, I am happy to have this opportunity to provide this statement on legislation pending before this subcommittee which concerns programs of family planning.

As you may know, the population problem has for some time been of deep interest to me. As a member of the House Foreign Affairs Committee, I have been very concerned that international family planning aid programs would be along humane and ethical standards.

Although the bills pending before this subcommittee have only domestic applications, I believe that my experience in dealing with the

population issue worldwide has provided me with some insights which are equally valid in our own country.

**S. 2108: A SLEDGEHAMMER TO KILL A MOSQUITO**

At the outset, let me express my strong opposition to S. 2108, the Senate-passed proposal for expanding Federal programs of family planning and population research. It is, to my view, an unnecessary, inefficient and possibly dangerous vehicle for spending hundreds of millions of taxpayer dollars in spursuit of very questionable objectives.

Mr. Chairman, anyone who views the world—regardless of religious or philosophical persuasion—cannot help but be concerned about the growing numbers of people who inhabit this small planet. It is a problem which concerns me very much.

Over decades the method of coping with the problem narrows down to whether population growth should be met with increased food production, elimination of waste, and better distribution of the food produced, or by birth control, abortion, euthanasia, and Government control of families.

There have been indeed two general responses to the problem, that of the demographers or true population experts and that of the "birth controllers."

The former group—the demographers—see population and its control as an immensely complicated and difficult problem which must be solved at many levels.

The birth controllers, on the other hand, have a simplified approach to the problem which we know as artificial contraception. S. 2108 is, in my view, a bill written for, by and to benefit the birth controllers—not demographers, not those with a broad grasp of the population issue.

To shape Government programs to meet the needs of a small group of intensely vocal and often-mistaken individuals would be a tragic error, for it will hobble our Nation in efforts to meet true problems of our society.

Let me give you some examples: The birth controllers have been advocating extreme measures to curb what they see as the impending overpopulation of the United States. They have suggested such remedies as abortion upon request, sterilization clinics, and eventual Government control over the right to reproduce.

Yet, without these extreme methods, the birth rate in the United States has declined steadily for the past 13 years. From a high of 25.3 births per 1,000 in 1957 the rate has declined to a low of 17.4 births per 1,000 in 1968—the lowest in the history of the United States. At the same time the death rate has remained virtually unchanged.

As Prof. Thomas C. Jermann recently pointed out in the *National Observer*, there were 800,000 fewer babies born in 1968 than in 1961. The consequences of this statistic have not been fully appreciated, Dr. Jermann says, but this means that in 1976 there will be 800,000 fewer third-graders in the Nation. As a consequence, there will be an overcapacity in teachers, schools, and educational facilities.

It is clear that our Nation is not undergoing anything like the population explosion which some would have us believe. There is good evidence that the population of the United States is, indeed, stabiliz-

Yet the birth controllers are unwilling to admit this, because to do so would tend to shut down the ever-available funds which are theirs if they can continue to create the myth of a population explosion in the United States.

Therefore, they have blamed air and water pollution, rising rate of crime, littering of the countryside, and even the parking problem on increases in population. You have seen the ads as well as I have.

One ad I recall well asked—"Have you been mugged lately?" The clear implication was that as population grows one's chances of being mugged or robbed are inevitably increased.

All thinking individuals will recognize that as nonsense. The causes of crime are myriad and there is no reason to believe that population is more responsible for crime than, say, lack of employment opportunities or the influence of the drug traffic.

The difficulty of the birth controller "scare" approach is that it diverts public attention from the solution of social problems to an obsession over numbers of people. Pushing for population control can be—and probably has been—for many persons a way of "copping out" on the difficult problems of cleaning up pollution in our air and waters, of eliminating slum conditions in our urban and rural areas, of providing increased educational and vocational assistance, and of reforming our court systems and improving the quality of police protection.

For some it apparently is much easier to prescribe a pill or loop as a remedy for all the ills of society, than to grapple with those ills directly.

Beyond the diversionary aspects of the birth controllers' program, there is the direct danger that their palliatives may themselves be the source of harm to our people.

Recently, Senator Gaylord Nelson of Wisconsin chaired a series of hearings which brought to the fore the health hazards which are involved in taking birth control pills. To the American people he brought facts that some in Congress had been aware of for several years.

As a result of those hearings, sales of birth control pills have declined significantly. The impact of this on the birth controllers was, indeed significant. Did they thank the Senator and his select committee for bringing the truth to the American people?

Indeed, they did not. Instead they have opened a campaign of vilification against Senator Nelson for daring to reveal the potential dangers in contraceptive drugs and devices.

At the same time, however, they cannot deny the facts. Let me quote from a recent statement by Dr. Oscar Harkavy, program officer in charge of the Population Office of the Ford Foundation, and a longtime proponent of birth control, and by Dr. John Maier, director of biomedical sciences, the Rockefeller Foundation. Speaking of the side effects of oral contraceptives, they said:

"Other side effects which are less well understood relate to biochemical or metabolic abnormalities observed with varying frequency in pill users. About 50 have been described thus far and it is

possible that the hormones contained in the pill produce biochemical, structural, or functional alterations in every organ and tissue. The changes do not occur in all users and tend to revert to normal when use of the pill is stopped. Their significance for the future health of users is unknown. Such changes, however, might be expected in view of the fact that the contraceptive effect of the pill results from interference with the extremely delicate and complex hormonal mechanisms which control the menstrual cycle, ovulation, and the reproductive process. This elaborate control system is thrown out of balance, and contraception is achieved by means which can be compared to using a sledgehammer to kill a mosquito. It seems clear that any chemical contraceptive based on the ovarian hormones or related to them will produce similar side effects."

The admission that the pill causes changes in every organ and tissue is a very serious one, particularly in view of the lack of data on the ultimate health of the user. Nor is it any comfort to recognize—as Drs. Harkavy and Maier do—that halting births through the "pill" is like using a sledgehammer to kill a mosquito.

Mr. Chairman, I believe that same metaphor describes precisely the provisions of S. 2108—they are a sledgehammer to kill a mosquito—"overkill" legislation which, in the long run, would do substantially more damage than good.

I have a great deal of confidence that you, Mr. Chairman, and the members of the subcommittee, recognize the deficiencies of the Senate-passed proposal and am confident you will take such action as may be necessary to prevent the excesses of spending and programing which it prescribes.

Thank you.

Mr. ROGERS. Thank you, Mr. Zablocki, for sharing your views with us this morning.

Mr. ZABLOCKI. Thank you, Mr. Chairman. It has been my pleasure.

Mr. ROGERS. Our colleague from the State of New York, the Honorable Howard W. Robison, will be our next witness. Proceed as you see fit, Mr. Robison.

#### **STATEMENT OF HON. HOWARD W. ROBISON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK**

Mr. ROBISON. Mr. Chairman, as I have looked these past few days at our smog-shrouded Capitol and its partially obscured "Spirit of Freedom," I could not help but reflect upon the many causes that have contributed to the haze that has enveloped us. It is true that air pollutants are responsible for our situation, aggravated then by a cloud inversion, but more important to our situation are people—millions of people in the same area, at the same time, all desiring the utmost benefits from the resources that we Americans crave.

Many have said that the pollution problem is absurdly overplayed in the United States. This is said because we are not facing the actual land scarcity found in such countries as India and Great Britain. What

many do not consider is that we are facing a far more subtle and, therefore, more serious problem. In essence, it is a question of how long we will be able to maintain the abundant standard of living to which we are so accustomed, given our present population growth and resource-use record.

Our hope of stemming this tide lies in a system of expansion, improvement and coordination of the family planning services and population research activities of the Federal Government. Only by combining the administrations of the various family planning and population research programs can we hope to aid those who most need this information.

Specifically, studies show that poor parents want fewer children than they are now having and that unwanted children can be a major problem to low-income families trying to improve their status. Yet an important, recent nationwide county-by-county survey by the Office of Economic Opportunity showed that, out of 5,300,000 low-income women in the Nation, only one in seven received family planning help. The survey also revealed that family planning services were available to these women in only 1,200 of the Nation's 3,072 counties.

McGeorge Bundy, president of the Ford Foundation, in his opening remarks to the 1969 Association of American Medical Colleges Institute on Medical Education and Family Planning stated:

We have satisfied ourselves that it is what men and women do *not* know that most gravely limits our ability to attack the problem of population effectively. [Emphasis added.]

He further noted, "This weakness of knowledge exists in every part of the world at many levels. Simple demographic statistics are either weak or nonexistent in areas that may be most threatened by uncontrolled growth. Sometimes the missing knowledge does exist somewhere else, but often it does not."

Finally, he said, "But the governing conclusion of our own (the Ford Foundation's) inquiries last year on this question of knowledge and ignorance was both simple and startling: It is that the most serious gap of all is in what we do not know about the basic biological process of the transmission of human life. In our judgment, the most important single block to effective worldwide family planning is the backward state of our knowledge of human reproductive biology."

It is my feeling that this situation is inexcusable and deserves immediate rectification. In keeping with the spirit of freedom and freeing her from her shroud we must provide comprehensive family planning services for all, and the research and technological study that would provide answers to any question.

We are seeing fleeting glimpses of hope in family planning services when we consider that President Nixon is the first head of state in the world's history to stress the necessity of voluntary birth control and has established a Presidential Commission on Population and Growth to give incentive to appropriate Federal programs.

But what of the future? Dr. Thomas H. Hunter, chancellor for medical affairs, University of Virginia School of Medicine, and

chairman of the steering committee of the Institute on Family Planning, in an article entitled, "A Long View: Looking Beyond the Year 2000," states, "The forces at work today are complex and poorly understood, but they need to be clarified and related clearly to future population policies. Most of all, I think, we must learn how to manage our affairs in the complicated future world without being reduced to a society in which individual freedom is practically nonexistent and life intolerable."

I, therefore, submit to you that the best way we can assist humanity in the future is by acting, now, in support of H.R. 15159 and all similar legislation for family planning services and population research.

Thank you, Mr. Chairman.

Mr. ROGERS. Thank you, Mr. Robison, for a fine statement.

The Honorable Robert W. Kastenmeier, our colleague from the State of Wisconsin, is our next witness. Welcome, sir. Proceed as you see fit.

#### **STATEMENT OF HON. ROBERT W. KASTENMEIER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WISCONSIN**

Mr. KASTENMEIER. It is a pleasure for me to add my voice to the many who have already spoken in support of S. 2108—a bill to expand, improve and better coordinate the family planning services and population research activities of the Federal Government. As a co-sponsor of a companion bill in the U.S. House of Representatives, (H.R. 11756), I feel the focus of this bill, in encouraging intelligent and rational approaches to population control, are long overdue.

Although testimony gathered on this and related legislative proposals is already voluminous, I would like to develop an additional perspective. That perspective is simply that there can be little hope for a peaceful and stable world if we remain frustrated in our attempts to deal effectively with man's procreative power.

I have become increasingly aware that open conflicts between and within nations frequently arise from the frustration of a people in trying to improve their economic and social conditions. In large part, their frustration is attributable to their inability to control population growth.

The United States, as a rich and developed industrial country, has a special responsibility to meet with realistic and effective measures the growth of its own population, and it also has a mandate to assist the developing nations of this world meet their population problems as well. To falter in this leadership role is to bring down upon ourselves the severe and justifiable antagonism of our neighboring nations.

Although the population growth rate of the United States is less than that of underdeveloped countries, it would be a gross mistake to assume that the urgency of the problem is less here than in the rest of the world. Our responsibility to exercise self-restraint in population growth is quite unique. Consider that while we comprise only about 6 percent of the planet's total human population, we consume about

one-third of its annual production of nonrenewable resources. With our advanced technology, we utilize on a per capita basis 50 times the power consumption of the average citizen of India, and 500 times that of the average Ethiopian. We ought to experience some guilt when we recognize that a large portion of this power is derived from a world petroleum supply that will likely be exhausted in a matter of decades. We are among the world's greatest per capita consumers of food calories and essential food nutrients.

In addition to our insatiable appetites for the world's natural resources, we hold the title as the planet's greatest polluters and producers of wastes.

Translating these general statistics into more concrete examples, consider that every  $7\frac{1}{2}$  seconds a new U.S. citizen is born. He is a disarming little creature with a loud voice that will be heard for the next 70 years. During his lifetime, that one individual will use 26 million tons of water, 21,000 gallons of gasoline, 10,150 pounds of meat, 28,000 pounds of milk and cream, 9,000 pounds of wheat, and great storehouses of other renewable and nonrenewable natural resources.

These statistics, I believe, should impress upon us all the unique responsibility our country has for curbing its own population and in assisting other nations to curb theirs. With our vast consumptive powers, we as a nation are raiding the world's larders at a rate that must appear unconscionable to the underfed, underclothed, underhoused and undereducated citizens of other countries. It should not be surprising if we detect a certain hostility in the eyes of our fellow earth travelers. And it should not be surprising if that hostility eventually erupts into open conflict, particularly if we make no efforts to control either our consumption rate or our population growth.

It is my judgment that one of the single greatest threats to a peaceful world is its mushrooming population. This judgment takes on added credence when the rich nations consume such a disproportionate share of this planet's wealth, at the same time the masses in the yet to be developed poor countries look on with hunger twisted stomachs. I would hope that this legislative proposal would help dispel the argument that it is fine for a country to raise as many offspring as it wants, so long as it can support them. While it may be possible to support larger populations in some of the developed countries, it is questionable that the less fortunate nations of the world will allow it.

For the above reason and for the other reasons that the committee has already heard, I strongly endorse S. 2108. In relation to the gargantuan task ahead, the authorizations in the bill seem pitifully small, but are perhaps realistic in building an anemic area of concern to a respectable and effective level.

In these times of budgetary restraints and amidst charges of "big spenders" in Congress, there may be some temptation to trim authorization of funds for this vital program. However, I would urge that the authorizations be held at proposed levels, and respectfully submit that economies be found in less critical areas of national concern. The

essential battle against unchecked population growth will not be won by antiballistic missiles, battlefield simulators or supersized airplanes. It will be won only when we take the first step toward rational control of our human procreative powers which this legislation, I believe, represents.

Thank you, Mr. Chairman.

Mr. ROGERS. Thank you, Mr. Kastenmeier, for taking time out of of your busy schedule to share your thoughts with us this morning.

Mr. KASTENMEIER. It has been my pleasure, Mr. Chairman. Thank you.

Mr. ROGERS. Welcome, Mr. Coughlin, I understand you have also a statement you would like to present to us this morning.

Mr. Coughlin is our colleague from the State of Pennsylvania. Proceed, sir.

#### **STATEMENT OF HON. R. LAWRENCE COUGHLIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA**

Mr. COUGHLIN. Mr. Chairman, I am very pleased to have the opportunity to discuss with you the merits of H.R. 11551, a measure which would promote public health and welfare by establishing a National Center for Population and Family Planning in the Department of Health, Education, and Welfare.

I am alarmed by the prediction that the world's population is growing by 70 million per year, and will reach 7 billion by the turn of the century.

Already, the technology which produces goods and services for most of the 3.5 billion people now living has caused critical environmental problems. This has been especially evident during the past several weeks with the eastern seaboard of the United States and the city of Tokyo, Japan, suffering extremely high levels of pollution in a lingering smog. Overpopulation will aggravate the serious threat to our limited air, water, and open space resources.

Equally unsettling is the prospect of a new dimension in problems of human relations which would accompany an overcrowded world. Even now, our teeming urban centers are spawning grounds for social unrest, violence, and crime. The pressures of overpopulation will intensify this trend.

We Americans have been nurtured in a tradition which sanctifies human life and emphasizes the worth of the individual. The most brilliant minds and the loftiest talents of our civilization have been dictated to the preservation of life and the improvement of the quality of our existence. Our success in these pursuits—with reduced mortality rates, better health, lengthened life expectancy—has brought us enrichment but presents us with new problems.

Until recently, man was preoccupied with eradication of disease and development of defenses against pestilence and catastrophe. Human life was seen as a rare and delicate bloom, difficult to cultivate and difficult to keep alive. Birth was dangerous to mother and child.

Childhood was the target of grim affliction. A man of 50 was an old man to most of the generations which have walked the earth.

America sought population for a vast country, to tame our wildernesses and to give life and breath to our new farms, towns and cities. We needed and wanted large families, and were blessed by the warmth they provided in a strange land and the hands they contributed to the building of our Nation.

No wonder the idea of limiting population comes to us slowly and seems alien to our minds and our hearts.

Nevertheless, our thinking must adjust to new premises. From now on, preservation of life and the maintenance of human dignity depend upon wise limitation of our power to be fruitful and multiply. This responsibility must be recognized at all levels of government.

For this reason, I speak out today in favor of H.R. 11551, which will promote public health and welfare by augmenting family planning services and population research activities of the Federal Government. I am a cosponsor of this legislation because of my firm conviction that it is the duty of a conscientious public officeholder to look to the future and take steps to make life as fulfilling as possible for the generations to come. Many of us have a personal stake in that not-too-distant future—the year 2015, for example—the year the population will reach 14 billion, if present rates continue. That is the year I hope to celebrate my 86th birthday.

Our purpose has not changed. We are still dedicated to the goal of a long, healthy and rewarding life for all who share this planet and its resources. We seek a higher standard of living and the opportunity for education and employment for persons everywhere. To bring us closer to that ideal, we need to know all we can about safe and effective family planning, and we should make that information available to all who desire it. We need research to give us facts for guidance in the future.

If adopted, the provisions of this bill will be an important foundation for a livable world for the remainder of this century, and the next.

Mr. ROGERS. Thank you, Mr. Coughlin, for a fine statement.

Mr. COUGHLIN. Thank you, Mr. Chairman, it has been my pleasure.

Mr. ROGERS. We are pleased to recognize as our next witness this morning and I believe for his first official meeting with this committee, the distinguished Secretary of HEW, Mr. Richardson, and his colleagues.

You may want to introduce your colleagues to the committee. We are pleased to have you, Mr. Secretary, and to hear your testimony.

**STATEMENT OF HON. ELLIOT L. RICHARDSON, SECRETARY  
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. ROGER O. EGEBERG, ASSISTANT SECRETARY  
FOR HEALTH AND SCIENTIFIC AFFAIRS; DR. LOUIS M. HELLMAN,  
DEPUTY ASSISTANT SECRETARY FOR POPULATION AFFAIRS;  
DR. CARL S. SHULTZ, DIRECTOR, OFFICE OF POPULATION AND  
FAMILY PLANNING**

Secretary RICHARDSON. Thank you, Mr. Chairman and members of the committee. My associates sitting with me here at the table are, on my right, I am sure you recognize Dr. Roger O. Egeberg, Assistant Secretary of HEW for Health and Scientific Affairs.

At the left hand end of the table is Dr. Louis M. Hellman, recently appointed Deputy Assistant Secretary for Population Affairs, and between Dr. Hellman and me is Dr. Carl Shultz, who has, until lately, been Director of the Office of Population and Family Planning in HEW, and is now principal Deputy to Dr. Hellman.

Mr. ROGERS. Thank you, we welcome you gentlemen this morning, too.

Secretary RICHARDSON. Mr. Chairman, and members of the subcommittee, I am delighted to appear before this subcommittee to discuss population and family planning legislation, in particular H.R. 15159, introduced by Chairman Staggers and Mr. Springer last December and S. 2108. The dimensions of the administration's concern for the problems of population growth and the need for increased research and improved delivery of family planning services were highlighted by President Nixon's historic message delivered on July 18, 1969. He concluded:

"When future generations evaluate the record of our time, one of the most important factors in their judgment will be the way in which we respond to population growth. Let us act in such a way that those who come after us—even as they lift their eyes beyond earth's bounds—can do so with pride in the planet on which they live, with gratitude to those who lived on it in the past, and with continuing confidence in its future."

Mr. Chairman, if there is no objection, I would like to ask inserted in the record at this point the full text of the President's message.

Mr. ROGERS. Without objection, so ordered.

(The document referred to follows:)

## ESTABLISHED POPULATION GROWTH COMMISSION

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### MESSAGE

FROM

## THE PRESIDENT OF THE UNITED STATES

### RELATIVE TO POPULATION GROWTH

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JULY 21, 1969.—Referred to the Committee of the Whole House on the State of the Union and ordered to be printed

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#### *To the Congress of the United States:*

In 1830 there were one billion people on the planet earth. By 1930 there were two billion, and by 1960 there were three billion. Today the world population is three and one-half billion persons.

These statistics illustrate the dramatically increasing rate of population growth. It took many thousands of years to produce the first billion people; the next billion took a century; the third came after thirty years; the fourth will be produced in just fifteen.

If this rate of population growth continues, it is likely that the earth will contain over seven billion human beings by the end of this century. Over the next thirty years, in other words, the world's population could double. And at the end of that time, each new addition of one billion persons would not come over the millenia nor over a century nor even over a decade. If present trends were to continue until the year 2000, the eighth billion would be added in only five years and each additional billion in an even shorter period.

While there are a variety of opinions as to precisely how fast population will grow in the coming decades, most informed observers have a similar response to all such projections. They agree that population growth is among the most important issues we face. They agree that it can be met only if there is a great deal of advance planning. And they agree that the time for such planning is growing very short. It is for all these reasons that I address myself to the population problem in this message, first to its international dimensions and then to its domestic implications.

### *In the Developing Nations.*

It is in the developing nations of the world that population is growing most rapidly today. In these areas we often find rates of natural increase higher than any which have been experienced in all of human history. With their birth rates remaining high and with death rates dropping sharply, many countries of Latin America, Asia, and Africa now grow ten times as fast as they did a century ago. At present rates, many will double and some may even triple their present populations before the year 2000. This fact is in large measure a consequence of rising health standards and economic progress throughout the world, improvements which allow more people to live longer and more of their children to survive to maturity.

As a result, many already impoverished nations are struggling under a handicap of intense population increase which the industrialized nations never had to bear. Even though most of these countries have made rapid progress in total economic growth—faster in percentage terms than many of the more industrialized nations—their far greater rates of population growth have made development in per capita terms very slow. Their standards of living are not rising quickly, and the gap between life in the rich nations and life in the poor nations is not closing.

There are some respects, in fact, in which economic development threatens to fall behind population growth, so that the quality of life actually worsens. For example, despite considerable improvements in agricultural technology and some dramatic increases in grain production, it is still difficult to feed these added people at adequate levels of nutrition. Protein malnutrition is widespread. It is estimated that every day some 10,000 people—most of them children—are dying from diseases of which malnutrition has been at least a partial cause. Moreover, the physical and mental potential of millions of youngsters is not realized because of a lack of proper food. The promise for increased production and better distribution of food is great, but not great enough to counter these bleak realities.

The burden of population growth is also felt in the field of social progress. In many countries, despite increases in the number of schools and teachers, there are more and more children for whom there is no schooling. Despite construction of new homes, more and more families are without adequate shelter. Unemployment and underemployment are increasing and the situation could be aggravated as more young people grow up and seek to enter the work force.

Nor has development yet reached the stage where it brings with it diminished family size. Many parents in developing countries are still victimized by forces such as poverty and ignorance which make it difficult for them to exercise control over the size of their families. In sum, population growth is a world problem which no country can ignore, whether it is moved by the narrowest perception of national self-interest or the widest vision of a common humanity.

### *International Cooperation*

It is our belief that the United Nations, its specialized agencies, and other international bodies should take the leadership in responding to world population growth. The United States will cooperate fully with their programs. I would note in this connection that I am most

impressed by the scope and thrust of the recent report of the Panel of the United Nations Association, chaired by John D. Rockefeller III. The report stresses the need for expanded action and greater coordination, concerns which should be high on the agenda of the United Nations.

In addition to working with international organizations, the United States can help by supporting efforts which are initiated by other governments. Already we are doing a great deal in this field. For example, we provide assistance to countries which seek our help in reducing high birthrates—provided always that the services we help to make available can be freely accepted or rejected by the individuals who receive them. Through our aid programs, we have worked to improve agricultural production and bolster economic growth in developing nations.

As I pointed out in my recent message on Foreign Aid, we are making important efforts to improve these programs. In fact, I have asked the Secretary of State and the Administrator of the Agency for International Development to give population and family planning high priority for attention, personnel, research, and funding among our several aid programs. Similarly, I am asking the Secretaries of Commerce and Health, Education, and Welfare and the Directors of the Peace Corps and the United States Information Agency to give close attention to population matters as they plan their overseas operations. I also call on the Department of Agriculture and the Agency for International Development to investigate ways of adapting and extending our agricultural experience and capabilities to improve food production and distribution in developing countries. In all of these international efforts, our programs should give further recognition to the important resources of private organizations and university research centers. As we increase our population and family planning efforts abroad, we also call upon other nations to enlarge their programs in this area.

Prompt action in all these areas is essential. For high rates of population growth, as the report of the Panel of the United Nations Association puts it, "impair individual rights, jeopardize national goals, and threaten international stability."

#### *In the United States*

For some time population growth has been seen as a problem for developing countries. Only recently has it come to be seen that pressing problems are also posed for advanced industrial countries when their populations increase at the rate that the United States, for example, must now anticipate. Food supplies may be ample in such nations, but social supplies—the capacity to educate youth, to provide privacy and living space, to maintain the processes of open, democratic government—may be grievously strained.

In the United States our rate of population growth is not as great as that of developing nations. In this country, in fact, the growth rate has generally declined since the eighteenth century. The present growth rate of about one percent per year is still significant, however. Moreover, current statistics indicate that the fertility rate may be approaching the end of its recent decline.

Several factors contribute to the yearly increase, including the large number of couples of childbearing age, the typical size of American

families, and our increased longevity. We are rapidly reaching the point in this country where a family reunion, which has typically brought together children, parents, and grandparents, will instead gather family members from *four* generations. This is a development for which we are grateful and of which we can be proud. But we must also recognize that it will mean a far larger population if the number of children born to each set of parents remains the same.

In 1917 the total number of Americans passed 100 million, after three full centuries of steady growth. In 1967—just half a century later—the 200 million mark was passed. If the present rate of growth continues, the third hundred million persons will be added in roughly a thirty-year period. This means that by the year 2000, or shortly thereafter, there will be more than 300 million Americans.

This growth will produce serious challenges for our society. I believe that many of our present social problems may be related to the fact that we have had only fifty years in which to accommodate the second hundred million Americans. In fact, since 1945 alone some 90 million babies have been born in this country. We have thus had to accomplish in a very few decades an adjustment to population growth which was once spread over centuries. And it now appears that we will have to provide for a third hundred million Americans in a period of just 30 years.

The great majority of the next hundred million Americans will be born to families which looked forward to their birth and are prepared to love them and care for them as they grow up. The critical issue is whether social institutions will also plan for their arrival and be able to accommodate them in a humane and intelligent way. We can be sure that society will *not* be ready for this growth unless it begins its planning immediately. And adequate planning, in turn, requires that we ask ourselves a number of important questions.

Where, for example, will the next hundred million Americans live? If the patterns of the last few decades hold for the rest of the century, then at least three quarters of the next hundred million persons will locate in highly urbanized areas. Are our cities prepared for such an influx? The chaotic history of urban growth suggests that they are not and that many of their existing problems will be severely aggravated by a dramatic increase in numbers. Are there ways, then, of readying our cities? Alternatively, can the trend toward greater concentration of population be reversed? Is it a desirable thing, for example, that half of all the counties in the United States actually lost population in the 1950's, despite the growing number of inhabitants in the country as a whole? Are there ways of fostering a better distribution of the growing population?

Some have suggested that systems of satellite cities or completely new towns can accomplish this goal. The National Commission on Urban Growth has recently produced a stimulating report on this matter, one which recommends the creation of 100 new communities averaging 100,000 people each, and ten new communities averaging at least one million persons. But the total number of people who would be accommodated if even this bold plan were implemented is only twenty million—a mere one-fifth of the expected thirty-year increase. If we were to accommodate the full 100 million persons in new communities, we would have to build a new city of 250,000 persons each month

from now until the end of the century. That means constructing a city the size of Tulsa, Dayton, or Jersey City every thirty days for over thirty years. Clearly, the problem is enormous, and we must examine the alternative solutions very carefully.

Other questions also confront us. How, for example, will we house the next hundred million Americans? Already economical and attractive housing is in very short supply. New architectural forms, construction techniques, and financing strategies must be aggressively pioneered if we are to provide the needed dwellings.

What of our natural resources and the quality of our environment? Pure air and water are fundamental to life itself. Parks, recreational facilities, and an attractive countryside are essential to our emotional well-being. Plant and animal and mineral resources are also vital. A growing population will increase the demand for such resources. But in many cases their supply will not be increased and may even be endangered. The ecological system upon which we now depend may seriously deteriorate if our efforts to conserve and enhance the environment do not match the growth of the population.

How will we educate and employ such a large number of people? Will our transportation systems move them about as quickly and economically as necessary? How will we provide adequate health care when our population reaches 300 million? Will our political structures have to be reordered, too, when our society grows to such proportions. Many of our institutions are already under tremendous strain as they try to respond to the demands of 1969. Will they be swamped by a growing flood of people in the next thirty years? How easily can they be replaced or altered?

Finally we must ask: how can we better assist American families so that they will have no more children than they wish to have? In my first message to Congress on domestic affairs, I called for a national commitment to provide a healthful and stimulating environment for all children during their first five years of life. One of the ways in which we can promote that goal is to provide assistance for more parents in effectively planning their families. We know that involuntary childbearing often results in poor physical and emotional health for all members of the family. It is one of the factors which contribute to our distressingly high infant mortality rate, the unacceptable level of malnutrition, and the disappointing performance of some children in our schools. Unwanted or untimely childbearing is one of several forces which are driving many families into poverty or keeping them in that condition. Its threat helps to produce the dangerous incidence of illegal abortion. And finally, of course, it needlessly adds to the burdens placed on all our resources by increasing population.

None of the questions I have raised here is new. But all of these questions must now be asked and answered with a new sense of urgency. The answers cannot be given by government alone, nor can government alone turn the answers into programs and policies. I believe, however, that the Federal Government does have a special responsibility for defining these problems and for stimulating thoughtful responses.

Perhaps the most dangerous element in the present situation is the fact that so few people are examining these questions from the viewpoint of the whole society. Perceptive businessmen project the demand

for their products many years into the future by studying population trends. Other private institutions develop sophisticated planning mechanisms which allow them to account for rapidly changing conditions. In the governmental sphere, however, there is virtually no machinery through which we can develop a detailed understanding of demographic changes and bring that understanding to bear on public policy. The federal government makes only a minimal effort in this area. The efforts of state and local governments are also inadequate. Most importantly, the planning which does take place at some levels is poorly understood at others and is often based on unexamined assumptions.

In short, the questions I have posed in this message too often go unasked, and when they are asked, they seldom are adequately answered.

#### COMMISSION ON POPULATION GROWTH AND THE AMERICAN FUTURE

It is for all these reasons that I today propose the creation by Congress of a Commission on Population Growth and the American Future.

The Congress should give the Commission responsibility for inquiry and recommendations in three specific areas.

*First, the probable course of population growth, internal migration and related demographic developments between now and the year 2000.*

As much as possible, these projections should be made by regions, states, and metropolitan areas. Because there is an element of uncertainty in such projections, various alternative possibilities should be plotted.

It is of special importance to note that, beginning in August of 1970, population data by county will become available from the decennial census, which will have been taken in April of that year. By April 1971, computer summaries of first-count data will be available by census tract and an important range of information on income, occupations, education, household composition, and other vital considerations will also be in hand. The Federal government can make better use of such demographic information than it has done in the past, and state governments and other political subdivisions can also use such data to better advantage. The Commission on Population Growth and the American Future will be an appropriate instrument for this important initiative.

*Second, the resources in the public sector of the economy that will be required to deal with the anticipated growth in population.*

The single greatest failure of foresight—at all levels of government—over the past generation has been in areas connected with expanding population. Government and legislatures have frequently failed to appreciate the demands which continued population growth would impose on the public sector. These demands are myriad: they will range from pre-school classrooms to post-doctoral fellowships; from public works which carry water over thousands of miles to highways which carry people and products from region to region; from vest pocket parks in crowded cities to forest preserves and quiet lakes in the countryside. Perhaps especially, such demands will assert themselves in forms that affect the quality of life. The time is at hand for a serious assessment of such needs.

*Third, ways in which population growth may affect the activities of Federal, state and local government.*

In some respects, population growth affects everything that American government does. Yet only occasionally do our governmental units pay sufficient attention to population growth in their own planning. Only occasionally do they consider the serious implications of demographic trends for their present and future activities.

Yet some of the necessary information is at hand and can be made available to all levels of government. Much of the rest will be obtained by the Commission. For such information to be of greatest use, however, it should also be interpreted and analyzed and its implications should be made more evident. It is particularly in this connection that the work of the Commission on Population Growth and the American Future will be as much educational as investigative. The American public and its governing units are not as alert as they should be to these growing challenges. A responsible but insistent voice of reason and foresight is needed. The Commission can provide that voice in the years immediately before us.

The membership of the Commission should include two members from each house of the Congress, together with knowledgeable men and women who are broadly representative of our society. The majority should be citizens who have demonstrated a capacity to deal with important questions of public policy. The membership should also include specialists in the biological, social, and environmental sciences, in theology and law, in the arts and in engineering. The Commission should be empowered to create advisory panels to consider subdivisions of its broad subject area and to invite experts and leaders from all parts of the world to join these panels in their deliberations.

The Commission should be provided with an adequate staff and budget, under the supervision of an executive director of exceptional experience and understanding.

In order that the Commission will have time to utilize the initial data which results from the 1970 census, I ask that it be established for a period of two years. An interim report to the President and Congress should be required at the end of the first year.

#### *Other Government Activities*

I would take this opportunity to mention a number of additional government activities dealing with population growth which need not await the report of the Commission.

*First, increased research is essential.*—It is clear, for example, that we need additional research on birth control methods of all types and the sociology of population growth. Utilizing its Center for Population Research, the Department of Health, Education, and Welfare should take the lead in developing, with other federal agencies, an expanded research effort, one which is carefully related to those of private organizations, university research centers, international organizations, and other countries.

*Second, we need more trained people to work in population and family planning programs, both in this country and abroad.*—I am therefore asking the Secretaries of State, Labor, Health, Education, and Welfare, and Interior along with the Administrator of the Agency for Inter-

national Development and the Director of the Office of Economic Opportunity to participate in a comprehensive survey of our efforts to attract people to such programs and to train them properly. The same group—in consultation with appropriate state, local, and private officials—should develop recommendations for improvements in this area. I am asking the Assistant to the President for Urban Affairs to coordinate this project.

*Third, the effects of population growth on our environment and on the world's food supply call for careful attention and immediate action.*—I am therefore asking the Environmental Quality Council to give careful attention to these matters in its deliberations. I am also asking the Secretaries of Interior, Agriculture, and Health, Education, and Welfare to give the highest priority to research into new techniques and to other proposals that can help safeguard the environment and increase the world's supply of food.

*Fourth, it is clear that the domestic family planning services supported by the Federal Government should be expanded and better integrated.*—Both the Department of Health, Education, and Welfare and the Office of Economic Opportunity are now involved in this important work, yet their combined efforts are not adequate to provide information and services to all who want them. In particular, most of an estimated five million low income women of childbearing age in this country do not now have adequate access to family planning assistance, even though their wishes concerning family size are usually the same as those of parents of higher income groups.

It is my view that no American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of adequate family planning services within the next five years to all those who want them but cannot afford them. This we have the capacity to do.

Clearly, in no circumstances will the activities associated with our pursuit of this goal be allowed to infringe upon the religious convictions or personal wishes and freedom of any individual, nor will they be allowed to impair the absolute right of all individuals to have such matters of conscience respected by public authorities.

In order to achieve this national goal, we will have to increase the amount we are spending on population and family planning. But success in this endeavor will not result from higher expenditures alone. Because the life circumstances and family planning wishes of those who receive services vary considerably, an effective program must be more flexible in its design than are many present efforts. In addition, programs should be better coordinated and more effectively administered. Under current legislation, a comprehensive State or local project must assemble a patchwork of funds from many different sources—a time-consuming and confusing process. Moreover, under existing legislation, requests for funds for family planning services must often compete with requests for other deserving health endeavors.

But these problems can be overcome. The Secretary of Health, Education and Welfare—whose Department is responsible for the largest part of our domestic family planning services—has developed plans to reorganize the major family planning service activities of

his agency. A separate unit for these services will be established within the Health Services and Mental Health Administration. The Secretary will send to Congress in the near future legislation which will help the Department implement this important program by providing broader and more precise legislative authority and a clearer source of financial support.

The Office of Economic Opportunity can also contribute to progress in this area by strengthening its innovative programs and pilot projects in the delivery of family planning services to the needy. The existing network of O.E.O. supported community groups should also be used more extensively to provide family planning assistance and information. I am asking the Director of the Office of Economic Opportunity to determine the ways in which his Agency can best structure and extend its programs in order to help achieve our national goal in the coming years.

As they develop their own plans, the Secretary of Health, Education and Welfare and the Director of the Office of Economic Opportunity should also determine the most effective means of coordinating all our domestic family planning programs and should include in their deliberations representatives of the other agencies that share in this important work. It is my intention that such planning should also involve state and local governments and private agencies, for it is clear that the increased activity of the Federal government in this area must be matched by a sizeable increase in effort at other levels. It would be unrealistic for the Federal Government alone to shoulder the entire burden, but this Administration does accept a clear responsibility to provide essential leadership.

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### *For the Future*

One of the most serious challenges to human destiny in the last third of this century will be the growth of the population. Whether man's response to that challenge will be a cause for pride or for despair in the year 2000 will depend very much on what we do today. If we now begin our work in an appropriate manner, and if we continue to devote a considerable amount of attention and energy to this problem, then mankind will be able to surmount this challenge as it has surmounted so many during the long march of civilization.

When future generations evaluate the record of our time, one of the most important factors in their judgment will be the way in which we responded to population growth. Let us act in such a way that those who come after us—even as they lift their eyes beyond earth's bounds—can do so with pride in the planet on which they live, with gratitude to those who lived on it in the past, and with continuing confidence in its future.

RICHARD NIXON.

THE WHITE HOUSE, July 18, 1969.

Secretary RICHARDSON. Thank you.

The expansion and coordination of family planning services and the orderly growth of research activities in the field of human reproduction and population have been matters of transcendent importance to this administration, and to me personally. It is my belief that by working together the Congress and the administration can increase support for population research and achieve the goal set by President Nixon for providing adequate family planning services within the next 5 years to all who want but cannot afford them.

Increasing numbers of people, widespread failure among a substantial minority of couples to limit family size to the number of children wanted, and growing concentrations of population in urban areas, pose a variety of health, social, psychological, economic, and political problems. In our Nation, the current family size of about three children per couple produces growth rates that lead to populations so large that they cannot be sustained at standards of living that we have currently achieved for many of our citizens and are trying to attain for the rest. The continuation of current fertility levels would lead to a population of over 300 million by the end of the present century—adding 100 million people in approximately 30 years.

The problems of unwanted childbearing in this country are not limited to low-income and less educated families who do not have adequate access to family planning services. Although more prevalent in these groups, failure to achieve fertility control is found among all socioeconomic groups of the population. But the consequences of unwanted births are most evident among poor families.

In the concern for the problems imposed on low-income families by unwanted childbearing, we often overlook the fact that most of the people in this country are not poor and the fertility of the nonpoor majority is what governs the Nation's population growth rates. The Nation will be ill equipped to address itself to the problems posed by its population growth until it improves its understanding of family growth among the great majority of people who do in fact have access to effective means of family limitation.

However, the problems imposed on low-income families by unwanted childbearing are not diminished in any way by the realization that such excess fertility has only a small effect on the U.S. birth rate. The importance of excess fertility among the poor lies primarily in the accumulation of difficulties it imposes on them.

Available evidence indicates that most couples in the United States, rich or poor, want about three children, but the low-income families have more. In contrast, the accessibility of family planning services to the middle class, and the problems of excess fertility for the poor, revolve to a large extent around the current inaccessibility of family planning information and services. Of the estimated 5 million poor and near poor women who could probably use subsidized family planning services, if available, only one in five now receive them.

The lack of adequate family planning services have enormous health, social, and economic consequences. Although it is not possible to predict the magnitude of the costs, some indication can be given of their expected direction.

In the United States, as in other countries, poverty, high fertility, high rates of prematurity, and high infant and maternal mortality are closely related.

As the chart shows, the proportion of families below poverty level increases markedly with the number of children in the family. The family with five or more children is about  $3\frac{1}{2}$  times as likely to be poor as the family raising only one or two. Almost one-half of the poor children in the Nation are in families with five or more children.

From the health point of view, the incidence of premature births is almost three times as great among low-income women, who generally do not have the benefit of family planning services, as among other groups of women.

In recent years the proportion of premature births has increased. Premature births often result from childbearing at very early or late periods of life, shorter intervals between births, and a larger number of children born to a woman. Moreover, a large proportion of babies born prematurely do not survive. Three of every five infants who die during the first 4 weeks of life are born prematurely.

The mortality rate of infants born to low-income mothers is nearly double that of infants born to other groups of mothers.

Studies have shown that high infant mortality is associated both with close spacing of births and with higher order births, which are more likely than lower order births to be unwanted. For mothers under age 20, fifth and higher order births are subject to a greatly increased risk of death in the neonatal period over those of first order births. With increasing age this effect diminishes, but it is still almost 2 to 1 at ages 20 to 24.

Data from the New York City maternal and infant care project show a striking relationship between death rates in the first month of life and the interval between pregnancies. The neonatal death rate for those births where the interval between delivery of last and delivery of current pregnancy is less than 1 year is 5 times as great as for those births where the interval is from 2 to 3 years. When the interval is from 1 to 2 years, the increased risk factor is still  $2\frac{1}{2}$  times that of the 2 to 3 year interval.

Thus, both the order of births and the interval between births are strongly related to neonatal mortality.

Data from a study by Jaffe and Polgar show that like infant mortality, maternal mortality is affected by the inability to control fertility. For ages 20-29, the mortality rate is  $2\frac{1}{2}$  times as great for fourth and higher birth orders as it is for birth orders one through three. Mortality rates also increase greatly with age. The overall rate for women over 40 is seven times that for women under 20.

Prematurity, a factor in high infant mortality, is closely related to mental retardation and brain damage. Neurological and physical disorders are 75 percent more frequent among premature babies than among full-term babies.

Three-fourths of the Nation's mentally retarded are to be found in urban and rural slums.

The elimination of unwanted children through the provision of subsidized family planning services would achieve economic and so-

cial benefits far greater than the mere monetary costs of such programs. The prevention of unwanted children, especially among the poor, not only eliminates the cost of providing for an additional child in the family, but also enables the mother to earn extra money to supplement the family's income. It has been estimated that the economic benefit to the family would be roughly 26 times greater than the program costs. Whereas these savings are impressive, they are dwarfed by the humanitarian benefits. The unwanted child is a tragedy to himself, to his family, and very often to society. Although there is need for adequate fertility control among the low-income families and family planning programs represent a highly efficient way of easing the economic problems of the poor, it must be remembered that they are not a panacea for poverty or for the Nation's population problems.

If every child is a wanted child, children will be better cared for, both physically and emotionally. Mothers will be subjected to lower risks to health if births are not closely spaced. The assurance that another child will not come before it is wanted will enable couples to plan other aspects of their lives with more confidence, and will reduce the feeling of hopelessness with which many poor people face life.

Against this background let me briefly tell you what our Department is doing, and plans to do, to help achieve the national goal set forth by the President: "Provision of adequate family planning services within the next 5 years to all those who want but cannot afford them."

In order to increase the effectiveness of the Department's population and family planning activities, major organizational changes have been made during the last year. On October 23, 1969, the National Center for Family Planning Services was established within the Health Services and Mental Health Administration. Its organizational placement in HSMHA is significant in that the delivery of family planning services must be closely linked to health services and integrated to the extent possible into organized systems for delivering comprehensive family health care.

The major objectives of the Center are—

1. That high quality family planning services be accessible to all women in America in the reproductive age group who voluntarily desire to control their fertility.
2. That high priority be placed on reaching the estimated 5 million women in need of subsidized publicly assisted family planning services by 1974.
3. That these services be provided without coercion and with respect for the dignity, privacy, religious, and social beliefs of every individual.
4. That the Center encourage and support the training of personnel to staff family planning service programs.
5. That the Center support research leading to the improved organization and delivery of family planning services.
6. That a clearinghouse for the collection and dissemination of information on family planning be established to better inform the American people, on a continuing basis, as to the status of family planning services in America.

Since the Center was established the following is indicative of progress:

1. A Director has been appointed, and there is a full-time staff of 42 employees. Of these, 24 are in the central office and 18 are in the regional offices.

2. During fiscal year 1970, the Center obligated \$22.8 million in support of 131 projects.

Turning from family planning services, basic research in human reproduction and broader population problems has been proceeding in the Center for Population Research.

This Center was established in August 1968 as an integral part of the National Institute of Child Health and Human Development within the larger base of the National Institutes of Health, the health research arm of the Department.

The Center for Population Research supports, through grants and contracts, a wide range of research relating to population and family planning. The Center has undertaken to support research in three areas:

1. The development of new contraceptives;
2. The medical effects of existing methods of fertility control;
3. Social and behavioral aspects of population problems.

The Center has been designated by the President as the focal point for population research in the Federal Government, and the Center maintains liaison with other Federal agencies and private organizations involved in population research.

During fiscal year 1970 the Center approved 101 contracts for research that should lead to the development of new contraceptives. The first year costs totaled \$3.8 million. Research on contraceptive development supported by the Center for Population Research is designed to provide more information about basic reproductive processes in the expectation this will lead to the development of new methods of fertility control. It is too early to foresee just what the characteristics of these new methods will be. However, it is clear that much more information is needed to develop methods of contraception that surpass in safety, acceptability, and effectiveness than those in current use. Other organizations, such as the Population Council, are supporting research on the improvement of existing methods of fertility control. The NICHD strategy has been to emphasize research on all aspects of reproductive phenomena that may lead to clues for the development of new or improved methods.

The Center for Population Research also supported nine contracts (at a cost of \$1.5 million) during fiscal year 1970 to study the medical effects of current methods of contraception. Most of this research was on oral contraceptives, but some of it was concerned with the effects of the intrauterine device.

During fiscal year 1970 the Center for Population Research funded 19 contracts (at a cost of \$1.6 million) for research in the behavioral and social sciences. In its support for such research, the Center takes the position that new contraceptives alone will not solve population problems. Much more information is needed about the relations among population and social, economic and technological changes. It is only with the use of such information that policies regarding population

can be formulated intelligently, and effective programs designed to affect population can be launched.

In the grants area, \$9.9 million was spent in fiscal year 1970 through the Center for Population Research for the support of research and training relating to population. Eight million dollars of this was for 180 research projects largely in the biomedical sciences, and \$1.9 million was for 25 training grants.

It is apparent from the enthusiastic response of investigators to the announcements of the Center's research programs that there is a real potential for a massive forward thrust in population research that will greatly aid efforts to understand problems associated with rapid population growth and eventually to solve them.

I have described the progress that has been made by the two operating centers, the National Center for Family Planning Services in the Health Services and Mental Health Administration, and the Center for Population Research in the National Institutes of Health.

These two operating activities, for services and research, function under an organizational plan instituted by the Department on June 23, 1970. I should like to submit this organizational plan and the memorandum instituting it for the record.

Mr. ROGERS. Without objection it will be received at this point, Mr. Secretary.

(The document referred to follows:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
OFFICE OF THE SECRETARY,  
June 23, 1970.

**Subject:** Organization of DHEW Population and Family Planning Activities.  
**To:** Heads of Operating Agencies.

Attached is an organizational plan I have approved for DHEW population and family planning activities. Because of the vital importance both Dr. Egeberg and I place on population affairs in DHEW, we have devised a rather unusual leadership role for the Deputy Assistant Secretary for Population Affairs to ensure the success of our efforts. I want to make sure this arrangement is understood by everyone involved.

Full line authority and responsibility for directing population and family planning activities within the four health agencies has been delegated by the Assistant Secretary for Health and Scientific Affairs to the new Deputy Assistant Secretary for Population Affairs, Dr. Louis M. Hellman. This delegation of authority means that Dr. Hellman will act for the Assistant Secretary for Health and Scientific Affairs and the Surgeon General on all matters concerning population and family planning activities.

Dr. Hellman and his staff will in many cases be working directly with the key officials in your agencies who are concerned with population and family planning activities. Dr. Egeberg and I expect Dr. Hellman, working closely with your offices, to provide the overall leadership and direction of the policy and programmatic aspects of DHEW activities relating to population affairs. Administrative matters relating to these programs will continue to be under your control as at present.

In order to exercise this expanded authority, Dr. Hellman's staff will be expanded to include two highly respected, senior officials who will be designated as Special Assistants to Dr. Egeberg. Dr. Hellman will delegate such authority and responsibility to these staff members as he deems appropriate.

With your cooperation and support, I believe this arrangement will enable us to give the kind of added emphasis to population affairs within this Department which will ensure concrete and significant results.

JAMES G. VENEMAN,  
Acting Secretary.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
OFFICE OF THE SECRETARY,  
June 9, 1970.

Subject: Organizational Plan for Population Activities in the Department of Health, Education, and Welfare.  
To: The Secretary

BACKGROUND

In the past three decades the National Institutes of Health of the Department of Health, Education, and Welfare has built up an enviable reputation for integrity and wisdom. This reputation is based in part on excellent administration and in part on the use of nongovernmental scientists and lay personnel who serve on study sections and councils. The manpower and physical resources for dealing with grants-in-aid for support of research are unexcelled.

These facilities and resources have served well in the past and continue to do so now when they are directed toward the purpose for which they were conceived, namely, the encouragement and conduct of research. They are not currently adapted to areas that require close integration between research and health services. Nor do they efficiently coordinate biology, sociology, psychology, and medicine to serve the health needs of the nation. This need for coordination is part of a nationwide, even worldwide search for the relevance of research to the deliverance of health care. In another sense it is a search for priorities, social, national, and international.

The tendency to discard that which no longer seems relevant in order to create a seemingly more relevant and more efficient organization may be wasteful both in time and in resources. Our society has not been so irrelevant in the past that we must now discard both the good and the bad. Rather we should retain that which serves us well and adjust the administrative procedures to correct the impediments to progress. In the example of population and family planning, the National Institutes of Health have unsurpassed resources for administering grants-in-aid for research. They do not have the expertise to develop and conduct service programs.

The Health Services and Mental Health Administration, the comparable health services arm of the Department, is still a relatively unseasoned organization, but it deserves a fair trial to ascertain how successfully it can promote and support the improvement of health care delivery systems. The recently created National Center for Family Planning Services within HSMHA is just beginning to grapple with the significant problems confronting it.

In an effort to conserve time and resources, and to provide an efficient administration for the population and family planning program, the following course of action is suggested. It is predicated on the assumption that the responsibilities of the Deputy Assistant Secretary for Population Affairs are unique and of sufficient importance that special arrangements that go beyond the usual functions of a Deputy Assistant Secretary are necessary.

ORGANIZATIONAL PLAN

The Secretary of the Department of Health, Education, and Welfare shall instruct the Assistant Secretary for Health and Scientific Affairs as follows:

1. *To coordinate all activities in population and family planning in the Department of Health, Education, and Welfare under the direction of the Deputy Assistant Secretary for Population Affairs.*

2. *To delegate authority and responsibility for all activities in population and family planning within the health agencies of the Department of Health, Education, and Welfare to the Deputy Assistant Secretary for Population Affairs.*

3. *To delegate the guiding role in formulating the five-year plan and the annual budget as they relate to HEW population activities to the Deputy Assistant Secretary for Population Affairs.* Working through the relevant operating agencies, the Assistant Secretary for Planning and Evaluation and the Assistant Secretary, Comptroller, the Deputy Assistant Secretary for Population Affairs would provide guidance on both the allocation of resources to population activities and the internal distributions within the program category. In developing the Department's five-year plan and at each stage of the budget process, a special analysis of present and pro-

posed funding levels for HEW population activities would be maintained and periodically updated.

4. *To establish a formal public advisory committee to the Secretary, Department of Health, Education, and Welfare.* This Committee would be chaired by the Deputy Assistant Secretary for Population Affairs, and would report directly to the Secretary. It would assist in the development of policies and setting of priorities. The Advisory Committee should follow the pattern of the National Advisory Councils in its composition, that is, professionals and informed laity and broad representation of all concerned disciplines.

The members of the committee should be of such national prominence that their concern with this program would give it prestige, momentum, and visibility.

The committee should have an adequate staff which would be an integral part of the Office of the Deputy Assistant Secretary for Population Affairs.

Initially members of the Secretary's Advisory Committee would be assigned to 2 task forces, one focusing on population research and the other concentrating on family planning services. The task force on research would serve as and replace the present Population Research Advisory Committee of the Center for Population Research. The task force on family planning services would serve as the Advisory Committee to the National Center for Family Planning Services.

5. *To enlarge the National Advisory Council of the National Institute of Child Health and Human Development.* It would be appropriate to reflect the Department's increased program emphasis in the area of population research by enlarging this Advisory Council to include additional members with specific competence in the area of population research.

6. *To establish positions for 2 Special Assistants to the Assistant Secretary for Health and Scientific Affairs.* One Special Assistant will concentrate his efforts in the area of population research; the other will concentrate his efforts in the area of family planning services.

ROGER O. EGEBERG, M.D.,

*Assistant Secretary for Health and Scientific Affairs.*

Approved: JAMES G. VENEMAN, *The Acting Secretary.*  
JUNE 23, 1970.

Secretary RICHARDSON. Within the immediate office of the Assistant Secretary for Health and Scientific Affairs is the Office of Population Affairs headed by Deputy Assistant Secretary, Dr. Louis M. Hellman. We are fortunate to have persuaded Dr. Hellman to accept this position. He was formerly professor and chairman of the Department of Obstetrics and Gynecology at the Downstate Medical Center of the State University of New York. He has attained national and international prominence in the field of medicine and has had a long association with family planning and population affairs.

We have devised a rather unusual leadership role for the Deputy Assistant Secretary because of the importance we place on population affairs in the Department of Health, Education, and Welfare. Full line authority and responsibility for directing population and family planning activities within the four health agencies have been delegated by the Assistant Secretary for Health and Scientific Affairs to the new Deputy Assistant Secretary for Population Affairs. This delegation of authority means that the Deputy Assistant Secretary will act for the Assistant Secretary for Health and Scientific Affairs and the Surgeon General on all matters concerning population and family planning activities.

The Deputy Assistant Secretary and his staff will provide the overall leadership and direction of the policy and programmatic aspects of the Department's activities relating to population affairs. In order to

exercise this expanded authority, two highly respected, senior officials, will be designated as Special Assistants to the Assistant Secretary for Health and Scientific Affairs. The Deputy Assistant Secretary will delegate such authority and responsibility to these staff members as he deems appropriate.

An Advisory Committee to the Secretary on Population Affairs has been established. This committee will be chaired by the Deputy Assistant Secretary for Population Affairs, and report directly to the Secretary. It will assist in the development of policies and setting of priorities. Its membership will include professionals as well as informed laity and a broad representation of all concerned disciplines.

In addition to strengthening the administration of departmental programs through reorganization there has been an increase in financial support. During the past 5 years the Department's budget for population activities has been increased more than five-fold, from \$20.2 million in 1967 to \$106 million in 1971. During this period, funding for research has increased almost four-fold and there has been a seven-fold increase in support of services. The project grants for family planning services are examples of increased investment.

The Department has accomplished the organizational changes delineated by the President in his message. As pointed out by the President, there is a need, however, for a broader and more precise legislative authority and a clearer source of financial support for family planning services. It was for this purpose the administration submitted the bill which was introduced by Chairman Staggers and Mr. Springer. Under this bill—

The Secretary is authorized to make grants for the provision of family planning services, grants and contracts for training of personnel to provide family planning services, and grants and contracts for research and demonstration of new or improved techniques for the delivery for family planning services.

Authorization also is given to provide or make contracts for the provision of consultation and technical assistance.

Appropriation of such sums as may be necessary for grants and contracts is authorized for a 5-year period beginning with fiscal year 1971.

Up to 1 percent of the sums appropriated is authorized for program evaluation.

The Secretary is required to submit an annual report to the President and the Congress on the activities of the various executive departments in the field of family planning services.

This legislation, Mr. Chairman, was submitted as a natural and logical development in the organizational structure which has been evolving in our Department. This structure would provide us with two centers, two strong centers—one concentrating on family planning services, the other on basic research—and with a Deputy Assistant Secretary for Population Affairs to coordinate not only their work but all related activities both inside and outside our Department.

It is clear that the administration and the sponsors of S. 2108 have essentially the same goals, and we have worked closely with the Senate sponsors on this legislation in an effort to minimize our

differences. As the Senate sponsors are aware, however, the Department does have reservations about some of the provisions remaining in S. 2108.

First, section 6 of S. 2108 sets up a new categorical formula grant program of grants to States for planning, establishing, maintaining, coordinating, and evaluating family planning services. The Department is opposed to this provision. Adequate authority for the development of State plans and their implementation is already available under the broader provisions of title V of the Social Security Act (The Maternal and Child Health program) and section 314 of the Public Health Service act (the Partnership for Health programs.)

Second, the bill provides specific appropriation ceilings for the various programs authorized. We would prefer that the amount appropriated each year be left to the determination of Congress in light of the relevant circumstances. This is particularly applicable here where separate authorizations are provided for each of the programs included in the bill, since in any year the desirable program levels may be quite different from those contemplated by the separate authorizations.

Third, section 9 authorizes grants for the construction of population research centers. This too is another categorical grant program which is unnecessary in any circumstance because we already have authority under the more general Health Research Facilities program authorized by title VII, part A, of the Public Health Service Act. I would also point out that for the last fiscal year and for this fiscal year the administration has not requested and the Congress has not seen fit to appropriate any funds for this purpose. We think that in times of severe fiscal constraints there are more effective uses of family planning funds than bricks and mortar.

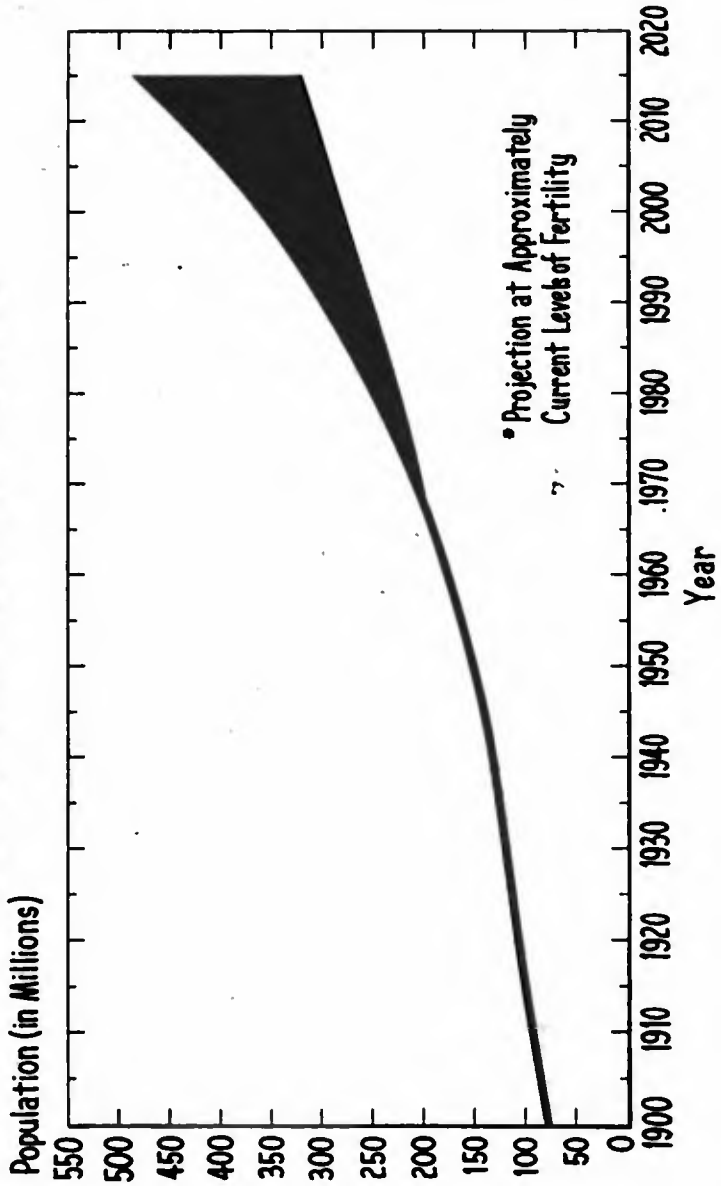
Finally, S. 2108 establishes the Office of Population Affairs under the direction of the Deputy Assistant Secretary for Population Affairs and requires that the Secretary utilize the Deputy Assistant Secretary in carrying out his functions under this bill. While this comports with the organizational structure already established by the Department, we would prefer that it not be provided for in the statute since it reduces the flexibility we believe should be retained by the executive branch over its organization and management.

In closing, Mr. Chairman, I do want to emphasize again our belief that we are in agreement with the sponsors of the Senate legislation and the other bills before your committee on objectives and see no irreconcilable differences between the Department and the Congress. The President and this Department are committed, as we believe the Congress is, to providing family planning services to all who want but cannot afford them and to increased research in the population field. We are confident that in working together we can achieve legislation which will move us toward these goals.

This concludes my prepared statement.

(The charts referred to follow:)

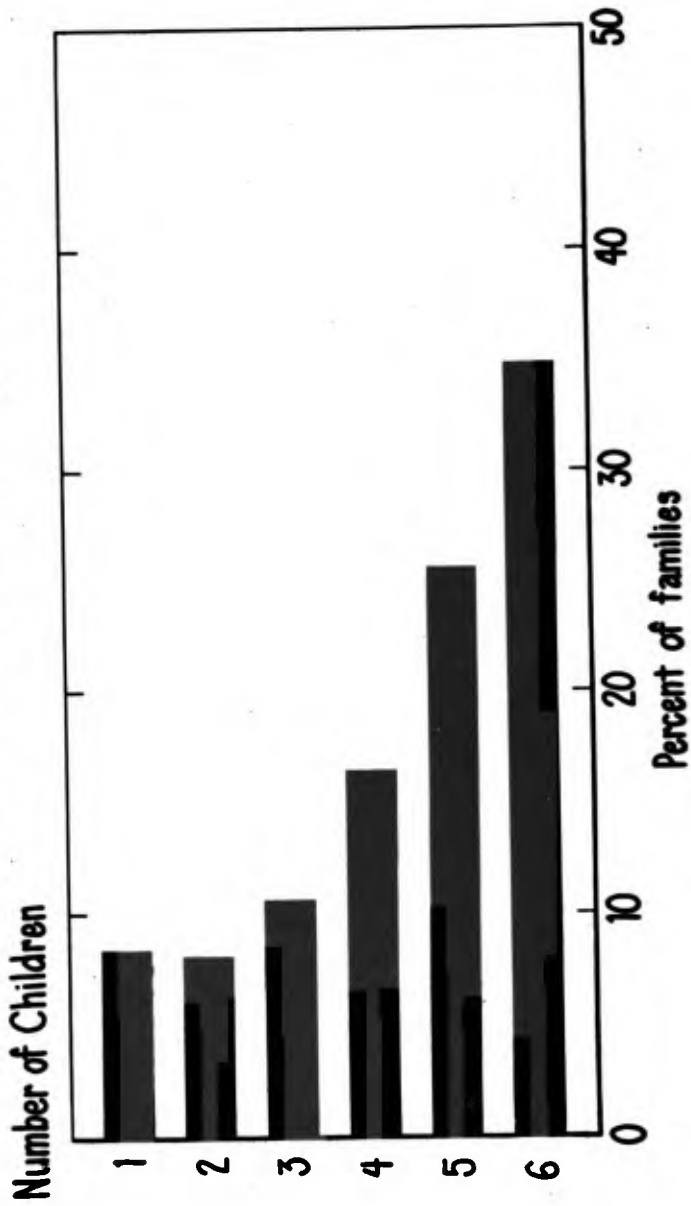
# *Estimates and Projections of the Population of the United States 1900 to 2015*



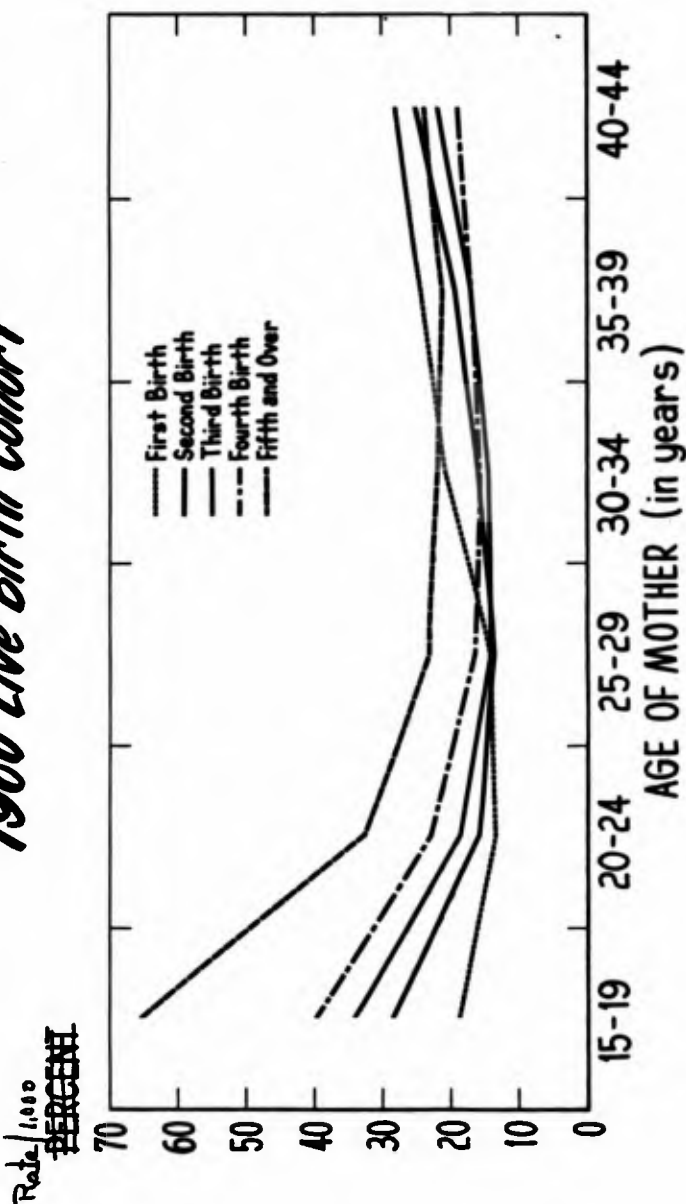
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Husband's Annual Income	Average Number of Children Wanted by Wife ( <i>White</i> )
TOTAL	3.3
\$10,000 +	3.3
\$7,000 - 9,999	3.2
\$6,000 - 6,999	3.3
\$5,000 - 5,999	3.3
\$4,000 - 4,999	3.4
\$3,000 - 3,999	3.4
UNDER \$3,000	3.2

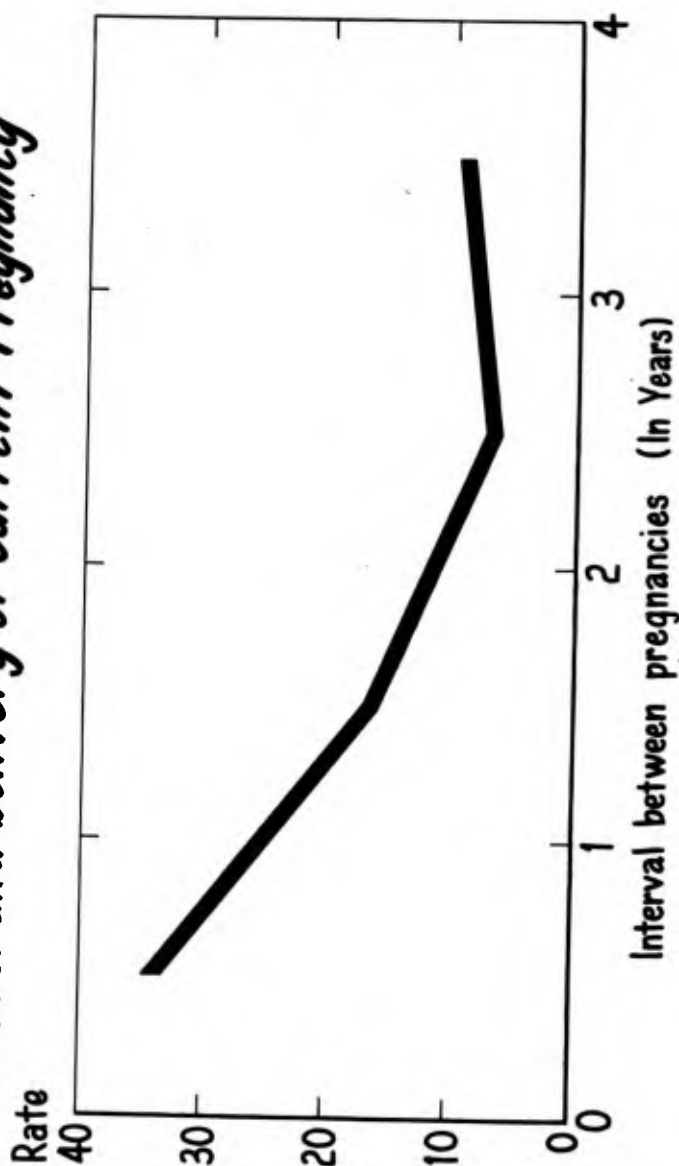
*Percent of Families Below SSA Poverty Level by  
Number of Children Under Age 18, 1967*



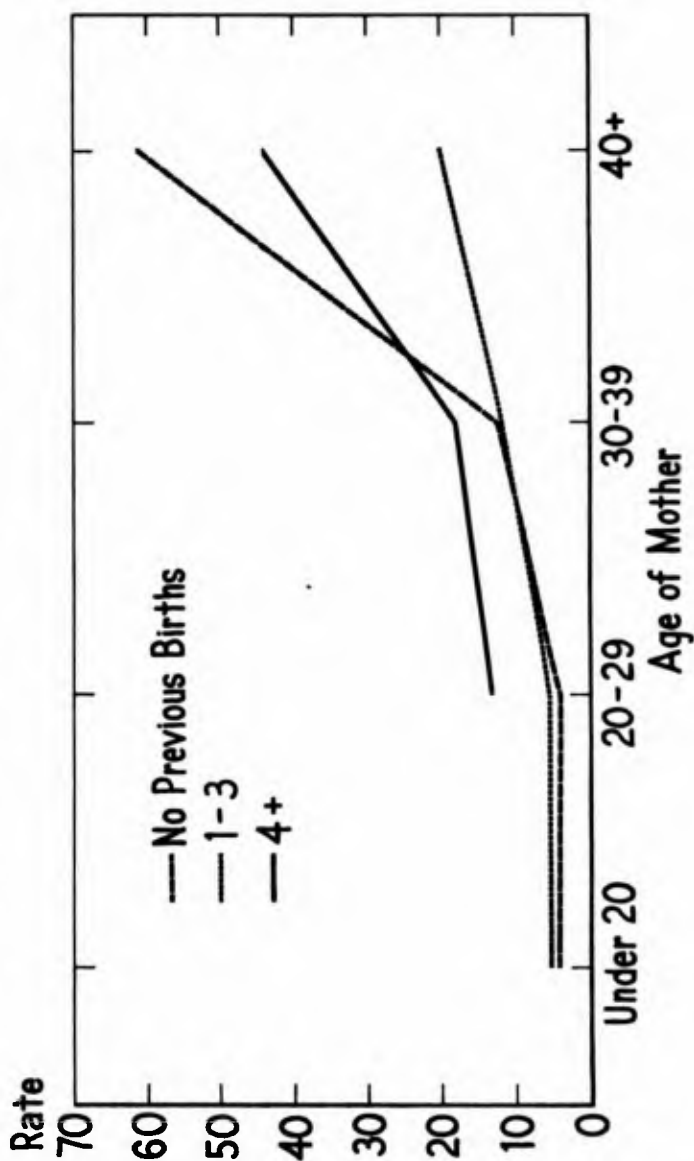
*Infant Mortality Rates During First Month of Life by Total  
Birth Order and Age of Mother: United States  
1960 Live Birth Cohort*



*Infant Death Rate in the First Month of Life  
Per 1,000 Live Births by Interval Between Delivery  
of Last and Delivery of Current Pregnancy*



## *Maternal Deaths Per 10,000 Births by Age of Mother and Live Birth Order*



# *Economic Benefits*

- 450,000 families with four or more children who are now living in poverty would not be in poverty if they only had three children to support.
  - It has been estimated that the economic benefits of each unwanted birth prevented are:
    - \$ 5,617 avoided expenses for raising a child to age 18
    - \$2,178 additional earnings from women who were enabled to work
- 
- \$7,795 total

- The total economic benefit is 26 times greater than the cost of \$300 per unwanted birth prevented.

Secretary RICHARDSON. Mr. Chairman, I would be glad to respond to the committees questions, and if I find that one of the gentlemen seated on either side of me is better able to answer the question, I would like to be able to call on them.

Mr. ROGERS. Certainly, Mr. Secretary. Thank you for your statement.

First of all, as you say, the administration's proposed bill has an open ended authorization. This committee never approves legislation with an open ended authorization.

If you could, I think it would be helpful to us if you would supply figures for the proposed 5 years and if you would let us have those figures. I wonder if you could tell us even generally what they are anticipated to be.

Secretary RICHARDSON. We could supply these at this point, Mr. Chairman, and we have copies which can be distributed to the committee.

Mr. ROGERS. I think that would be fine. Perhaps you could run down them quickly, and/or have one of your associates do that.

(The following table was received for the record :)

SELECTED POPULATION AND FAMILY PLANNING ACTIVITIES—COST ESTIMATES<sup>1</sup>  
(In millions)

Organization	Authorizing legislation	Fiscal year—				
		1971 budget	1972 estimate	1973 estimate	1974 estimate	1975 estimate
Maternal and Child Health Services, HSMHA:						
(1) Maternal and child health formula grant to the States.	Title V, Social Security Act.	\$13.1	\$15	\$15	\$15	\$15
(2) Maternity and infant care project grants.	do.	4.7	5	5	5	5
National Center for Family Planning Services, HSMHA: Project grants for services, operational research and training.	do.	33.5	34			
	Administration proposal (H.R. 15159).	12.0	51	130	175	220
Total services.		63.3	105	150	195	240
National Institutes of Child Health and Human Development—Center for population Research.	Public Health Service Act.	28.3	50	75	100	100

<sup>1</sup> These figures represent only staff estimates of costs under these programs. They should not be construed as committing the Department or the Administration to requesting or spending such funds for fiscal years after 1971.

Secretary RICHARDSON. I would point out, Mr. Chairman, that accompanying the tabulation is a caveat, which points out that these figures represent only staff estimates of costs under these programs.

They should not be construed as committing the Department or the administration to requesting or spending such funds for fiscal years after 1971.

Mr. ROGERS. As I understand it, this is not the Department's recommendation, then. Is that what you are telling us?

Secretary RICHARDSON. This represents our projection of what we believe, budgetary considerations permitting, would be the appropriate levels of expenditure for the fiscal years 1971 through 1975 for major categories in population and family planning activities. Since they are predicated upon the administration's representation that the legislation not contain authorizations ceilings by category, they are therefore, from your standpoint, simply estimates of what we would hope to achieve in terms of budgetary levels for these purposes in the indicated years.

Mr. ROGERS. In other words, these would be recommended to the budget, but the budget may not approve them. Is this what you are telling the committee?

Secretary RICHARDSON. Yes; and they don't necessarily represent figures that would be appropriated as such, but they will serve as a guide to the committee as to what we felt were reasonable projections.

Mr. ROGERS. The total amount would be how much for the 5 years and for the total program?

Secretary RICHARDSON. \$1,100 million.

Mr. ROGERS. \$1,100 million.

Secretary RICHARDSON. Yes.

Mr. ROGERS. Mr. Preyer?

Mr. PREYER. Thank you, Mr. Chairman.

Thank you, Mr. Secretary, we appreciate your testimony very much, and we are delighted to meet Dr. Hellman.

I am personally very glad to see the Federal Government being active in the field of family planning and population research, and I assume this is a rather recent thing. How long has the Federal Government been involved in this field?

Secretary RICHARDSON. I think you could take as an important date of departure the policy statement by Secretary Gardner in January 1966. But even under the original Social Security Act, the Department has funded family planning services since 1936.

That is under the maternal and child health program, which is now title V of the Social Security Act. I might add Mr. Chairman, and Mr. Preyer, that none of the figures that have been given to you includes—that is, on the table you have, or the \$1,100 million total which I just stated, includes any figures for family planning services under the provisions of the Social Security Act under which the Federal Government matches social services provided by State welfare departments.

There is, certainly, a component of family planning services in that activity. The administration has proposed amendments which would be brought together in a new title of the Social Security Act, title 20, which calls for Federal matching at the rate of 75 percent of balanced and comprehensive social services, among which would be family planning services.

We have no adequate measure, however, of the relative cost of these services, and therefore of the Federal matching expenditures for them, and have not included them in the table just distributed.

Mr. PREYER. Since the Federal Government has moved into the field, I imagine we will find that private sources, such as foundation support, will begin to fall off, and I imagine that is where most of the support has been in the earlier years before the Federal Government recognized its responsibilities.

So that I think we will want to make sure that the Federal effort is a sufficient one.

I notice that you are quadrupling and quintupling—maybe that is the wrong word to use in family problems—but that your expenditures have increased considerably.

We do have to consider in the light of past neglect in this field by the Federal Government, whether we are doing enough.

I will just conclude by saying that this is an extremely important area, and I am delighted with the aggressive interest that the administration is taking in it.

I understand that 50 percent of all persons living in poverty are families with five or more children, and as the father of five children, I can see how that comes about.

Mr. Chairman, I had not gotten word about this soon enough, but I am glad now we are looking into it.

Thank you, Mr. Secretary, for being with us today, and Dr. Egeberg. Secretary RICHARDSON. Thank you, Mr. Preyer.

I would like to add one brief comment with reference to your comment on support of family planning and research by private institutions and organizations.

We certainly hope that this will continue, and the fact that a large part of the money that would be expended under Federal programs would be expended through project grants, whether for services or research, will, of course, mean that these are funds being utilized in many instances by private and nonprofit institutions and organizations, and we hope that their expanded activity will also continue to draw on private support.

The public statements of the Department by Dr. Egeberg, particularly, and by Dr. Hellman and others, will continue to emphasize this objective.

We don't seek a monopoly of the field by any means, and we really are aiming to expand Federal support in the area of what we hope will be an overall expansion of support.

Mr. ROGERS. Mr. Nelsen?

Mr. NELSEN. I noted on page 20 you made reference to categorical grants for research centers, and you state that the administration did not ask for funding and that the Congress has not appropriated funds.

I would like to point out that many times we do enact programs here in the Congress, and then we fail to appropriate the money to implement them. This, of course, would put the department in a rather difficult position of our having requested something be done, and we have given them no tools to work with.

I am glad you made it quite clear in the statement that sometimes there has been no money appropriated to do some of these things that have been requested.

Now, you have also made it very clear that your total dollar figures do not include the money spent under social security which would be a considerable amount of money, would it not?

Secretary RICHARDSON. Yes. The estimates are very impressive. The figures we have used as a fairly rough estimate are for fiscal 1970 under social services, \$10,300,000, and under medicaid, \$6,100,000.

Comparable figures for fiscal year 1971, we estimate as \$12,300,000 for social services and \$8,600,000 for medical assistance.

There are small items, also, for cooperative research to reduce dependency, applicable to family planning generally. So the totals are for 1970 \$16.7 million, and for 1971, \$21.3 million.

These are rather soft estimates because they include an attempt to allocate the time, largely, of social services social workers in welfare offices.

Mr. NELSEN. Recently I was reading an analysis of the environmental concern which has been emphasized so much of late. I think this is good, but the article went on to point out that we have about 40 different governmental agencies all involved in the same program, resulting in a great contest as to who is going to be playing first base and who is going to pitch, and so forth. I presume that in this case what you really will need to do is to bring the activity under control or leadership in an agency that will bring together the resources in the most productive way.

I expect this is what your major objective is.

I wondered if you had any comment about this aspect of the problem.

Secretary RICHARDSON. What you say is entirely true, Congressman Nelsen. The fragmentation of functions and services in HEW does represent a very serious problem requiring affirmative action.

In this one, the establishment of the Office of Deputy Assistant Secretary for Population Affairs has as a primary objective the provision of leadership, joint planning and coordination in the area of family planning and population research.

As I pointed out in my statement on page 15, at the bottom and on the following page, the Deputy Assistant Secretary would have full line authority and responsibility for directing population and family planning activities within all of the health agencies under the Office of the Assistant Secretary for Health and Scientific Affairs.

This represents, I might add, a step that can have considerable potential significance for other areas of HEW responsibility as well.

We recognize that there is no structure that can be devised, that does not contain some elements of artificial compartmentalization of functions or responsibilities, and so we need to learn how to bring these together across jurisdictional lines.

Dr. Hellman's role will serve to help to teach us how to do this, not only within the area of family planning and research, but also by example, for other areas also.

In the cases of drug abuse, or juvenile delinquency, or alcoholism, we need to be able to learn how to weld together the resources of manpower and money that are distributed among various agencies within the Department.

This is exactly what Dr. Hellman's role will be in the family planning area.

Mr. NELSEN. I have no more questions, Mr. Chairman.

Secretary RICHARDSON. Dr. Egeberg reminds me that outside the Department Dr. Hellman will work closely with OEO. He will meet with them once a week, and OEO will have a representative at his staff meetings.

Mr. ROGERS. Thank you.

Dr. Carter?

Mr. CARTER. Thank you, Mr. Chairman. I notice from your charts that the population of the United States in the year 2000, if then it proceeds as it is now, will be approximately 300 million.

Is that true?

Secretary RICHARDSON. Yes, Dr. Carter.

**Mr. CARTER.** Do you think the productivity of the United States will increase at a rate as to be able to provide adequate food, clothing, and so on for this 300 million people?

**Secretary RICHARDSON.** I am not an economist, of course, but I think the projections of economic growth that are foreseen as accompanying population growth are quite persuasive and I would expect that so far as the United States is concerned that our total national product will have risen faster proportionately than our population itself between now and the year 2000.

**Mr. CARTER.** There is grave doubt about this in some circles. Even so far as the United States is concerned. At the same time, the population of the world would increase to about 7 billion, would it not?

**Secretary RICHARDSON.** I believe so.

**Mr. CARTER.** What about the productivity of the world as a whole? Will it be sufficient to feed and clothe 7 billion people?

**Secretary RICHARDSON.** I think this is a very grave question, Dr. Carter. There have been, of course, very gloomy predictions in the past about the capacity of the world population to feed itself.

Some of these have proven in recent years to be predictions that are perhaps too pessimistic. The development of new seed grains and the intensive use of fertilizer have vastly increased the productivity of Southeast Asia beyond levels that were projected as recently as 5 years ago.

But whether they can be increased fast enough to keep pace with the kind of projections you have just mentioned is, I think, certainly a very serious question.

**Mr. CARTER.** That really is the basic reason for us supporting family planning, is it not?

**Secretary RICHARDSON.** I would say, Dr. Carter, that it is not only a question of whether the population that is foreseeable can feed itself and manage to survive, but there is the further important question of whether today's population can move forward to higher levels of economic well-being. We recognize that even today at least two-thirds of the world's population lives under conditions of considerable squalor, deprivation and hunger. We would hope that it was possible to achieve rates of economic growth around the rest of the world that would outpace population growth, and certainly if this is to be accomplished, whatever can be done in the meanwhile to restrain rates of population increase will contribute to this objective.

Unquestionably the wider dissemination of effective family planning techniques will have a decisive role in whether or not we succeed.

**Mr. CARTER.** Certainly I think that we should do all we can to avoid the possibility that we should not have enough in the year 2000 to adequately feed, clothe, and provide for the world's population of 7 billion, or for the population of our country at 300 million.

Not only as the population increases so greatly we have increased problems of pollution, both of our air and of our water, and this is another way of combating that, is it not?

So we should certainly support the family planning concept very strongly, not just—well, not for just seeing that they have adequate clothing and food in the year 2000, but also that they have other neces-

sary amenities of life, and further that we should emphasize family planning in order to avoid further pollution of our country, and of our world and of course, we have had family planning not just for the past year, but for several years, and this has been somewhat fragmented I regret to say.

I am happy to see that there is going to be some effort toward unification. The AID program has provided family planning throughout the world or many portions of the world, has it not?

Secretary RICHARDSON. Yes; it has.

Mr. CARTER. I visited them in India, I believe, in 1964-65. I hope they are successful, and, of course, the OEO and the Office of Economic Opportunity has been providing funds for family planning for some years.

Again we see the necessity of Dr. Hellman's coordinating and bringing under one head all these various agencies which are striving for the same intent.

Thank you, Mr. Chairman.

Mr. ROGERS. Mr. Hastings?

Mr. HASTINGS. Thank you, Mr. Chairman.

Mr. Secretary, I was not here for the full presentation of your statement, but I have read it and will read it much more carefully, and I would like particularly to say hello to Dr. Hellman, who comes from my own State of New York.

We are provincial to the extent that we like to see qualified people involve themselves in the Federal Government.

I think on a long-range basis we are probably talking about one of the most serious problems our country is faced with when we talk about family planning, the problems of welfare, health, mental health, and as Dr. Carter suggested, the ecology and its relationship over the long haul.

I know at this point we are talking primarily about an educational program, if I assume correctly that that is the basis which we are heading. We are trying to develop the research that will be necessary in terms of educating people on a self-imposed basis. Is that basically the objective?

Secretary RICHARDSON. Yes; it is, Congressman. I would only add that medical services are involved, of course, through the family planning project grants. The actual provision of the medical services and advice to mothers that can enable them better to plan their own families are the basic service corpus that is funded with the dollars that are involved. It is that part of the total represented by appropriations under title V of the Social Security Act, and which, for 1971, is expected to be and hoped to be \$33.5 million.

Mr. HASTINGS. As a general approach at this point in time we are planning to try to transmit information to families—that is, wives particularly—and I think we are talking about the poverty area families more than any other group, as is suggested by the figures, that you have given to us here, that we will try to provide the necessary educational tools to them so they understand that it is wise for them to impose regulations on themselves so that they keep their family down.

My concern is, really, that there are many people both within Congress and without, who are suggesting that at some point in time the

Federal Government will have to take additional steps which will not be necessarily voluntary steps. Do you foresee any difficulties in this area?

I am sure that you are aware of the—I think there is a proposal, for example, that has been introduced in the Congress as a tax incentive we should reward people who have smaller families than those who have larger families.

Secretary RICHARDSON. Well, I don't foresee any recommendations by this administration on that score, Congressman Hastings.

I think we feel that our role should be to provide education and advice to women who voluntarily seek it, and this, we think, can be of great help to them.

I think in this connection it is highly significant that the ratio of unwanted children so far as this is determinable, is higher as you go down the educational and income scale, and this suggests that these women would welcome and benefit from more readily available advice.

At any rate, it is certainly their desire to obtain it that is determinative in whether or not they would get it.

Statistically, for example, the national surveys indicate that 20 percent of all couples report that the last child was unwanted.

Among nonwhites, this proportion is 31 percent. Among the less educated who are also likely to be poor, 32 percent of the whites and 43 percent of the nonwhites said that their last child was unwanted.

So if therefore, we could simply expand the availability of family planning services, we think this would make a very significant contribution.

Mr. HASTINGS. Along those lines, and a controversial question, and particularly in light of the action of several States recently, and talking about unwanted children, do you anticipate a policy emanating from your Department as it relates to legalized abortion?

Secretary RICHARDSON. I don't anticipate that we would take a position on this as a Federal agency beyond saying in effect that, one, it is primarily a matter for State action, and, two, that in general we believe that medical services in cases where a pregnancy is unwanted or where it is medically undesirable, should be available to women without undue legislative restrictions.

Mr. HASTINGS. Would medicaid payments cover abortion costs in a case where an abortion is legal?

Secretary RICHARDSON. Yes, it would, where it is otherwise, as you say, a legal service.

Mr. HASTINGS. Yes, of course.

There are many, many other questions that I am sure we are all going to be interested in. For the moment I will confine mine to those asked.

I thank you for your statement.

Secretary RICHARDSON. Thank you.

Mr. ROGERS. Mr. Secretary, I noticed in your statement some of the testimony there you brought out that close spacing of births, and with a higher order of births, there is a greater infant mortality and of course the infant mortality rate of this Nation is what?

What and where do we rank internationally, would you say, sir?

Secretary RICHARDSON. We are about 14th, counting all other nations. The rate has been dropping, and is anticipated to be about 20.7 per 1,000 live births for the last full year for which we have data, which is 1969.

Mr. ROGERS. We will have dropped to 20th?

Secretary RICHARDSON. The rate has dropped from 24.7 in 1965. The provisional rate for 1969 is 20.7 per thousand live births.

Mr. ROGERS. Why does that put us ranking—

Secretary RICHARDSON. Dr. Shultz tells me it puts us somewhere between 11th and 13th.

Mr. ROGERS. Are we improving?

We are improving.

Secretary RICHARDSON. We were 17th.

Mr. ROGERS. I see.

I also notice that you state on page 7 that prematurity is a high factor in infant mortality, and that it is closely in relation to mental retardation and brain damage and neurological and physical disorders.

They are 75 percent more frequent among premature babies than among full-term babies, and three-fourths of the Nation's mentally retarded are to be found in urban and rural slums. I think it is well to bring out these facts in the consideration of this legislation.

I think this should be made clear for the record that from your testimony it is my understanding that there is no provision for coercion of anybody in the participation of this program.

Is that correct?

Secretary RICHARDSON. That is correct.

Mr. ROGERS. And it is not the intention of the Department to get into any area of coercion.

Secretary RICHARDSON. Not at all.

Mr. ROGERS. Now it is my understanding that the administration and the Department feel this is a program of sufficient importance to begin zeroing in on this in effect.

Would you say this is correct?

Secretary RICHARDSON. Yes.

Mr. ROGERS. And that the present programs have not, or we really have not gotten sufficiently to the problem and we need to emphasize this problem now.

Is that the purpose of this legislation?

Secretary RICHARDSON. Exactly. That is really the basic reason for proposing the legislation rather than proceeding under the present authority.

Mr. ROGERS. I presume we could do it under the partnership for health, 314, if we wanted to, in a noncategorical way.

Secretary RICHARDSON. Yes, this is true.

Mr. ROGERS. But you feel it should be categorical and zero in on the program where the need has been shown to exist.

Secretary RICHARDSON. That is exactly true. Mr. Chairman, and I would just add that this is true notwithstanding a general posture on the part of the administration, which puts a pretty high burden of proof on any new proposal for a categorical grant program at this time.

Mr. ROGERS. Yes.

Secretary RICHARDSON. It is another way of saying that we attach so much importance to this that we are supporting a categorical approach notwithstanding this general position.

Mr. ROGERS. Well, I understand that, and this is the point that I want to make clear, and I commend the administration for taking the attitude that where a problem does develop and where the facts substantiate it, and if the problem is not being solved, then we should see it and zero in for however long we need to to get on top of it.

I am very hopeful that we will have the benefit of your testimony on a problem that I am also very concerned about, and I hope that you as the Secretary will look at it in this same light, and that is the communicable disease program.

It is my own feeling that this is a problem that is getting out of hand. VD is rising dramatically, measles are 100 percent this year over last, and I hope that you as the new Secretary will take a fresh look at this program and see if we can't zero in on this program, say, for a 3-year approach, and then if this solves it, all right.

But I hope you will look at that for us.

Secretary RICHARDSON. I again will be glad to do that for us, Mr. Chairman. I would add this, however, that I hope the committee will also collaborate with the Department in seeking to identify established and existing categorical grant programs that can either be phased out or moved into broader categories.

Mr. ROGERS. I am sure the committee has no objection to that, and will be glad to work with the Department. In fact, it was this committee, I think, that really gave the push to the partnership for health.

We are strongly in favor of that support. Wherever these problems do exist, we hope the Department will also work with us in trying to zero in on them as you are asking us to do.

Secretary RICHARDSON. I think it is a question, Mr. Chairman, of seeking to develop between the legislative and executive branches a greater degree of flexibility in the utilization of categorical approaches.

I would be thoroughly in favor of utilizing new programs to highlight new areas of identified and critical need if we could also have the understanding that the older and established ones serving primarily the purpose of transferring Federal resources could in some way be reduced in relative terms or phased out. We then could have at any given time a manageable number of high priority areas in which we were seeking to focus resources in the manner you described.

Mr. ROGERS. Certainly I understand that, and I think the committee would be glad to work with you along those lines.

Mr. CARTER. Would the distinguished chairman yield?

Mr. ROGERS. Yes.

Mr. CARTER. At one time we were giving categorical grants to the States, and then under the bill you mention we went to block grants, and those block grants were supposed to have included the communicable disease funds, were they not, and now we are returning to the former position of giving not only block grants but again, categorical grants.

Is that not again what you plan to do?

Mr. ROGERS. Yes.

The problem exists.

Mr. CARTER. Since we changed the block grant system, why can't we include sufficient funds in it, rather than to go off again with another program, a different type of program?

Thank you, Mr. Chairman.

Mr. ROGERS. Well, I think the point we are trying to make in this is that where it is not being handled under the present setup, we need to zero in until the problem is handled.

Would you supply for the record, Mr. Chairman, what research is being done for better contraceptives and if you feel the research is being adequately done?

Secretary RICHARDSON. We will be glad to do that.

Mr. ROGERS. Thank you. It will be helpful.

Secretary RICHARDSON. Yes, sir.

(The following was received for the record :)

**POPULATION RESEARCH: SCOPE OF THE FIELD AND PROGRAMS OF THE CENTER FOR POPULATION RESEARCH AT THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT**

(Center for Population Research, NICHD, July 1970)

**GOALS OF POPULATION RESEARCH**

The problems related to uncontrolled growth and concentration of population have been receiving increasing attention from scientists, legislators, the press, and the general public. Consequently there is a growing awareness of the need to reduce rates of population growth and concentration in the United States and other developed nations as well as in the developing countries. Excessive fertility, population growth, and urban migration are multipliers of problems of food supply, economic development, poverty, pollution, transportation, urban decay, and social disorganization.

Some of these problems will be partially alleviated simply by providing access to family planning services for couples who wish to control their fertility but cannot afford to do so or do not have access to the needed contraceptive supplies and medical care. However, an array of new contraceptive measures will be required to meet all the needs of various population groups. There is also need for research in the social sciences to provide data on population trends and on the causes and consequences of changing patterns of fertility and migration. Such data are required for adequate planning for future population levels and to provide the bases for the development of rational governmental population policies. The field of population research is necessarily as broad as the range of problems and issues posed by uncontrolled population growth; some of its goals are outlined in the following sections.

**BIOMEDICAL SCIENCES**

Population research in the biomedical sciences is directed toward increasing the ability of couples to control the number and spacing of their children by developing new methods of fertility regulation, assessing and improving the safety and efficacy of methods currently in use, and contributing to our understanding of the biomedical implications of the use of various forms of intervention. Although current emphasis is on means to limit fertility, population research is also concerned with the means to increase the fertility of couples unable to have the number of children they wish.

An ideal contraceptive would be effective, safe, inexpensive, reversible, easy to use, and acceptable to a wide variety of population groups. No presently available method fulfills all these criteria. Although the oral steroids and intrauterine devices represent remarkable improvements in contraceptive technology, it is

generally recognized that they have certain disadvantages. Probably no single method will be universally satisfactory, and the goal of population research in the biomedical sciences should be the development of an array of methods to meet a variety of requirements.

New contraceptive methods may be developed as modifications of methods currently in use or they may represent entirely new approaches to fertility control. In the first category, various formulations and dosages of synthetic estrogens and progestins used in oral contraceptives are continually being investigated, and forms which may be administered as once-a-month pill or a long lasting injection or implant are being tested. The design of intrauterine devices may be varied widely and the addition of copper or zinc or of a progestin to the device may result in increased efficacy or decreased side effects. The development of simple and accurate means to predict the time of ovulation could make the rhythm method a simple and widely acceptable means of fertility control. Improved techniques for abortion and simple, reversible methods for sterilization would contribute substantially to the usefulness of these methods, and the development of techniques for female sterilization which do not require abdominal surgery would increase acceptance by reducing the requirements for hospitalization and for trained medical care. Entirely new approaches to contraception are also possible and these may prove superior to the methods now in use, but more extensive laboratory research will be required to determine their feasibility and the most suitable methods of application.

A second major goal of biomedical research in the population field is to determine the medical effects and mechanism of action of contraceptives currently in use. Epidemiological and clinical investigations are needed to define the multiple physiological effects of the oral contraceptives and their possible medical significance. It would be especially desirable to identify classes of patients who may be particularly susceptible to the metabolic alterations occurring in some oral contraceptive users. The minimal effective fertility-controlling dosage of steroid contraceptives should be defined so that adverse effects may be minimized while maintaining the high degree of efficacy which is a major factor in the acceptability of these agents.

Biological research is also concerned with the acquisition of basic knowledge concerning reproductive processes. Reproductive physiology is a well established research field to which a large number of distinguished investigators are devoting their efforts, but much fundamental information must still be obtained. For example, the complex hormonal relationships which control the normal menstrual cycle are incompletely understood even though the oral contraceptives currently in use are effective through interference with cyclical hormonal function. Further knowledge in this area may lead to refinements of the present steroid contraceptives or to new methods of interfering with any number of steps in this process. Basic research is required on reproductive processes from the production of sperm and ova to fertilization, implantation and early development of the embryo, as well as on the hormonal events controlling these processes and the cellular and molecular mechanisms of hormone action. Research in these areas can provide the scientific basis required for new developments in contraceptive technology and may also contribute to our understanding of the causes of infertility and the mechanism of action of contraceptives currently in use.

#### BEHAVIORAL AND SOCIAL SCIENCES

Population research in the social sciences is concerned with the determinants and the consequences of population change and the nature and magnitude of changes now in process.

Research on the determinants of population change is needed in order to guide efforts to influence population trends in ways that will benefit the society as a whole and the individuals comprising it. We need to know more about social and psychological factors that maintain high fertility in some groups and tend to keep fertility low in others. As populations grow, it will become increasingly difficult to preserve humane and democratic values and at the same time reduce rates of population growth, but the effort must be made and can be accomplished only on the basis of research on the personal and social determinants of child-bearing patterns, and the factors available in a society to influence them.

Research is also needed on the determinants of migratory patterns inasmuch as many of our more serious social problems are related to overcrowding in

central cities, urban sprawl in the suburban areas, and inadequate transportation between home and work. Many of these problems are intensified, if not caused, by patterns of migration that might be modified to the benefit of all by carefully conceived action programs.

At the same time research is needed on the consequences of the various population changes caused by patterns of fertility, migration, and mortality in order to guide the selection of reasonable population goals. We know that population growth cannot continue indefinitely but until we understand more clearly the social and economic consequences of various growth rates we will not be in a position to choose rationally appropriate population goals for the near and distant future.

Research is also needed on the consequences to individuals of various child-bearing patterns, such as size of family and child-spacing, in order to provide information on which parents may base decisions that will benefit both them and their children. We must also understand better than we do the consequences of fluctuating trends in fertility for society as a whole, as well as for the individuals comprising it. Variations in fertility in the United States have resulted in alternating peaks and troughs in the age distribution of the population, whose economic and social costs have never been counted. We must also learn more than we now know about the consequences of migratory patterns. Migration is a major vehicle of population and social change, but we still do not know how best to balance the benefits and costs to arrive at optimal patterns of internal migration.

In addition to the determinants and consequences of various kinds of population change, we need to improve our techniques of measuring the processes of change, while they can still be influenced.

The kinds of research mentioned above do not comprise the entire field of population research in the social sciences, but represents a selection of research questions closely related to the more pressing population problems and to the mission of NIH, and though many of these research questions are phrased in terms of information available in the United States they are equally important in other countries and other cultures.

#### PARTICIPANTS IN THE FIELD

A number of organizations, governmental and private, are active in the conduct and support of population research, the principal private American agencies being the Ford Foundation, the Population Council, and the Rockefeller Foundation. The Ford Foundation through its population division in New York and several international offices has devoted more funds to the population field than any other private agency. Since 1952 Ford has allocated more than \$100 million for research and assistance for population programs; more than half of this amount has been used to support research and training in reproductive biology. The Population Council, which was founded in 1952 by John D. Rockefeller 3rd, receives a significant portion of its support from the Rockefeller and Ford Foundations. It supports both intramural and extramural research projects and also conducts an international technical assistance program. The Population Council played a significant role in the development of the IUD and low dosage progestins as contraceptives. The Rockefeller Foundation supports research and training in reproductive biology, demography and family planning; a large part of its effort is devoted to the support of university population centers for research and the training of students in medicine and the allied health professions.

A number of agencies of the Federal government support research activities in the population field, and Federal funds devoted to these programs in FY 1969 are summarized in Table 1. Within the Department of Health, Education, and Welfare, the Center for Population Research of the National Institute of Child Health and Human Development is the major contributor to the population field; its programs are discussed in detail in a later section.

TABLE 1.—SUPPORT FOR POPULATION RESEARCH BY FEDERAL AGENCIES, FISCAL YEAR 1969  
[In millions of dollars]

Type of support	Department of Health, Education, and Welfare					Other Federal agencies				
	CPR	Other NIH	NCHS	Other DHEW <sup>1</sup>	Total DHEW	Census	Labor	AID	OEO	NSF
Research projects	28.8	7.8	1.7	3.5	21.8	18.0	9.6	7.8	1.7	0.8
Contraceptive development	26.3	7.2			13.5			5.9		.2
Medical effects of contraceptives in use	1.5	.6		.8	2.9					
Population research in the social sciences	1.0		1.7	.7	3.4	18.0	9.6	1.4	.7	.6
Operational research				2.0	2.0			.6	.9	
Research training	2.4	1.2			3.6					
Population research centers		1.8			1.8			1.3		
Core support		.2			.2			1.3		
Construction		1.6			1.6					
Staff support (including scientific and technical information)	.3				.3					
Total	211.5	10.8	1.7	3.5	27.5	18.0	9.6	9.1	1.7	.8

<sup>1</sup> Includes Food and Drug Administration and Health Services and Mental Health Administration.

<sup>2</sup> Plus \$1,500,000 from AID.

The National Center for Health Statistics is involved in the collection and analysis of statistics on natality, mortality, marriage and divorce, and in research in survey methodology. Other components of DHEW with programs in population research include the Food and Drug Administration and the National Center for Family Planning Services. FDA devotes most of its effort in the population field to support of research on the medical effects of oral contraceptives, and the NCHS has primary responsibility for operational research in the organization and delivery of family planning services.

#### PROGRAMS OF THE CENTER FOR POPULATION RESEARCH

The Center was established as a component of the National Institute of Child Health and Human Development in August 1968. Originally it was assigned two primary functions: 1) to organize and direct a program of contract research and 2) to provide a focus for information exchange and coordination of the efforts of the various Federal agencies in the population field. In July 1969 two important developments increased the scope of the Center's responsibilities, the first being the transfer of relevant research and training grants to the Center, thus bringing together responsibility for all of the Institute's extramural programs in the population field. The second was President Nixon's call in his Population Message for "additional research on birth control methods of all types and the sociology of population growth." DHEW, through the Center for Population Research, was urged to "take the lead in developing, with other federal agencies, an expanded research effort, one which is carefully related to those of private organizations, university research centers, international organizations, and other countries."

The population programs and budget of the Institute and the Center have grown with these expanded responsibilities and with the development of the contract research programs. Table 2 presents the Institute's budget for population research activities from FY 1966 through FY 1971; asterisks indicate the activities directly under the jurisdiction of the Center in each year.

TABLE 2.—NICHD BUDGET FOR POPULATION RESEARCH, FISCAL YEARS 1966-71

(In millions of dollars)

	1966 actual	1967 actual	1968 actual	1969 actual	1970 estimated President's budget	1971 estimated President's budget
Research projects.....	4.1	5.7	5.6	18.8	13.3	24.9
Grants.....	(3.7)	(4.2)	(4.5)	(5.2)	1 (6.5)	2 (10.4)
Contracts.....	(.1)	(1.2)	(.7)	12 (3.3)	2 (6.5)	2 (13.1)
Intramural.....	(.3)	(.3)	(.3)	(.3)	(.3)	(1.4)
Research training.....	1.2	1.8	1.8	2.4	21.9	22.9
Staff and supporting activities.....	.1	.2	.3	2.3	2.3	2.5
Total.....	5.4	7.7	7.7	111.5	15.5	28.3

1 Plus \$1,500,000 from AID.

2 Direct responsibility of the Center for Population Research.

The Center now has 15 full-time professional staff members divided among the Office of the Director and four branches. Overall leadership of the Center's programs is provided by the Director and Deputy Director with the advice and guidance of the Population Research Advisory Committee which was established in October 1967.

The Contraceptive Development Branch and the Behavioral Sciences Branch are responsible for contract research programs in their respective areas, the Population and Reproduction Grants Branch oversees grant programs for re-

search and research training, and the Program Liaison Branch is concerned with carrying out the Federal leadership role assigned to the Center. Additional activities in the population field are conducted by other units of the Institute as indicated in the final section.

#### CONTRACEPTIVE DEVELOPMENT PROGRAM

In 1969 the Center launched its contract research program directed to the development of new contraceptive methods. The program was developed in extended discussions involving Center staff and a number of advisors and a variety of factors were taken into consideration, including the urgent requirement for the development of new contraceptives, the state of the art in the field of reproductive biology, the need to conduct an open program with the knowledge and cooperation of scientists working in the field, the necessity to maintain high scientific standards, and the requirements for NIH contract programs.

The program was designed to support research in reproductive biology in four specific areas identified as especially likely to contribute to the development of new methods of contraception. The four areas are: (1) the maturation and fertilizing capacity of spermatozoa; (2) oviduct function and gamete function; (3) biology of the ovum, including ovulation, the unfertilized ovum and the early zygote; and (4) corpus luteum function and implantation. *Ad hoc* advisory panels were established in each of these four areas, and detailed descriptions of needed research were prepared and distributed to the scientific community.

This program was organized and directed by staff of the Office of the Director until May 1969, when the Contraceptive Development Branch was established and Dr. Denis J. Prager was named Acting Branch Chief. Dr. Eugenia Rosemberg, a well-known endocrinologist now serving as a consultant to the program, will join the Center as Chief of the Branch in 1970. She is currently engaged in analyzing the research now supported and planning a more directed approach to the problem of developing new methods of contraception. Dr. Rosemberg's plans include a specialized information retrieval system and provision for testing facilities for rapid exploitation of new leads. The program may also be expanded to include short-term development work in collaboration with pharmaceutical houses, studies of local rather than systemic methods, and research on improved methods of sterilization and abortion.

#### MEDICAL EFFECTS OF CONTRACEPTIVES IN USE

The first population contract program at NICHD was on studies of the medical effects and mechanism of action of contraceptives currently in use, particularly the oral contraceptives. Congress allocated \$1 million in 1967 for these studies, reflecting increasing concern on the part of the scientific community and the public for the possibly hazardous effects of these agents. The Center's concern in this area is shared with the Food and Drug Administration which has legal responsibility for decisions on the use of these and other drugs; the role of the Center is to add to the scientific data on which such decisions are based.

In 1967 the Institute initiated three long-term contract studies, the largest being a prospective study conducted at the Kaiser Foundation Hospitals in California to obtain annual data on a broad spectrum of medical variables in some 12,000 oral contraceptive users and control patients. Significant data on some metabolic effects will begin to become available in another year, but information on possible relationships with the development of cancer of the breast and uterus will require several more years and additional patients.

In FY 1970 the Center supported nine medical effects projects totalling \$1.5 million. In addition, two projects have recently been approved; these are case-control studies of the relation between oral contraceptive use and the incidence of cancer, particularly cancer of the breast. Plans are being developed for a collaborative study of the outcome of pregnancy in women who have previously

used oral contraceptives, this will involve data from a large number of hospitals on morbidity in newborns and particularly the incidence of congenital malformations. The Center also intends to begin investigations of two other important but neglected areas: the metabolism of contraceptive steroids and the determination of their optimal dose.

#### CONTRACT RESEARCH IN THE SOCIAL SCIENCES

The Center's contract research program in the social sciences was launched somewhat later than that in contraceptive development and follows a similar pattern. With the assistance of a number of advisors including members of the Population Research Advisory Committee, four broad areas of research were identified and *ad hoc* advisory panels were established in each. The four areas around which the program is organized are: 1) the antecedents, processes and consequences of population structure, distribution and change; 2) trends in fertility and related variables; 3) family structure, sexual behavior, and the relationship between childbearing patterns and child development; and 4) population policies.

The first topic encompasses a wide range of studies of the interrelationships between population and social, political, economic and cultural factors. The second topic deals with trend data on fertility, age at marriage, child spacing, the incidence of such phenomena as induced abortion, divorce and illegitimacy, and studies on the underlying causes of such trends. The third area concentrates on the behavior of individuals in a family setting, variations in the structure of the family, including the process of socialization for marriage and parenthood and changes in sexual attitudes, and the influence of such changes on fertility. The fourth topic includes the effects of current or past public policies on population levels and the demographic implications of federal and state policies in such areas as economics and taxation, housing, agriculture, education, conscription, and welfare programs, and includes consideration of what a government population policy should consist of in a democratic society.

The contract program in the social sciences initiated 13 new projects totalling \$0.7 million in fiscal year 1969; 19 projects have been approved for \$1 million in fiscal year 1970 funds and proposals received in response to the second Request for Proposals in 1970 were reviewed by the *ad hoc* panels in February and March 1970. The program is under the direction of Dr. Jerry W. Combs, Chief of the Center's Behavioral Sciences Branch, and he is recruiting additional professional staff to stimulate and develop meritorious proposals in each of the four research areas.

#### POPULATION AND REPRODUCTION GRANTS BRANCH

The NICHD has conducted a grant program supporting research and training in reproductive biology and the social science aspects of the population field since the Institute was founded in 1963; in July 1969 responsibility for this program was transferred to the Center for Population Research in order to provide for better coordination of all extramural activities in this field. Dr. James F. O'Donnell is Program Director of the grants branch and there are three other full-time professional staff members. The branch supports research by regular project grants and by program project grants for large multidisciplinary or multifaceted programs. Training grants, postdoctoral and special fellowships and research career awards provide support for training of investigators in the biomedical and social science aspects of population research. The research grant program differs from programs of contract research in that the initiative for research projects usually comes from the investigator who applies for support, but staff of the grants branch are active in efforts to stimulate applications in areas of special interest.

## PROGRAM LIAISON BRANCH

In addition to the research programs described above, the Center for Population Research has been designated the cognizant agency for Federal efforts in the population field. As noted, there is a wide range of Federal involvement in population research and as these activities increase, increased efforts will be required for effective coordination and continued exchange of information and expertise among the various agencies involved. The Center's Federal leadership responsibility was stated in President Johnson's 1968 Health Message: "Two vital areas long neglected by research are population and human reproduction . . . The Center will serve to give new energy and direction to the research activities of all Federal departments in these fields" and this role was restated in President Nixon's Population Message of July 1969.

The Center's Program Liaison Branch, of which Dr. Norman Hilmar is Chief, was established in 1968 to help carry out this leadership role and the branch is actively involved in attempting to stimulate the population research activities of all Federal agencies. In 1969 the branch provided the chairman and secretariat for an Ad Hoc Group on Population Research which conducted a survey of Federal activities in the population field and prepared a report for the Federal Council for Science and Technology. In collaboration with the Agency for International Development, the Program Liaison Branch has also been considering steps to establish a more coherent and effective international scientific and technical information network covering population research and family planning programs.

## OTHER NICHD ACTIVITIES IN POPULATION

The Center for Population Research receives active support from a number of NICHD units outside its direct jurisdiction. The Institute's Grants and Contracts Management Branch provides administrative and fiscal management services for the Center's grant and contract programs. The Scientific Conference Branch provides expert advice and staff assistance in the organization and conduct of a variety of conferences sponsored by the Center, and the Scientific Information Centers Branch is involved in preparation of surveys of current research and abstracts of the current literature in the population field as well as other areas of interest to the Institute. Dr. Daniel Selgel of the Institute's Epidemiology and Biometry Branch has shared responsibility for the Center's epidemiological studies on the medical effects of oral contraceptives and he devotes nearly full time to these activities.

The Institute also has an intramural population research program not located within the Center. The Reproduction Research Branch was formerly headed by Dr. Roy Hertz who retired from Federal service to join the Population Council in 1969. Dr. Mortimer Lipsett, formerly Chief of the Endocrinology Branch of the National Cancer Institute, has recently joined NICHD as Associate Scientific Director for Reproductive Biology and Chief of the Reproduction Research Branch. Dr. Lipsett will direct the efforts of the Reproduction Research Branch in investigations of the effects of the endocrine glands on reproductive mechanisms; the work will include clinical as well as laboratory research and will greatly strengthen the Institute's program in the population field and complement the Center's grant and contract programs in reproductive biology and contraceptive development.

## BUREAU OF DRUGS—STATUS OF CONTRACT FUNDS

Contract number	Contractor	Purpose and description	Project/contract officer	Annual contract level	Obligated, fiscal year 1970	Current period	Quarter to be obligated	Fiscal year 1971 Mon/ planned	Estimated 1972
<b>A. ORAL CONTRACEPTIVE STUDIES</b>									
70 to 74 (year 1) (Jacobson).....	George Washington University	Cytogenetic study of immediate post OC abortion.	Flick/BD-220 (Hill)/CA-272.....	\$59,650	\$59,650	{ June 15, 1970 June 15, 1971			
68 to 45 (year 3) (Wazeter).....	International Research & Development Corp.	Investigation of the carcinogenic potential and other effects of oral contraceptives.	{ Lamar/BD-100 Berry/CA-272.....	220,000	40,000	{ June 28, 1969 May 31, 1971			
70 to 23 (year 1) (Stolley).....	John Hopkins University	Study of thromboembolic phenomena and oral contraceptives.	{ Schrogie/BD-220 Berry/CA-272.....	51,100	59,636	{ March 31, 1970 May 30, 1971			
69 to 32 (year 4) (Spellacy).....	Miami University of	Study of carbohydrate metabolism in women taking oral contraceptives.	{ Walters/BD-130 Richardson/CA-272.....	71,900	71,900	{ June 30, 1970 June 29, 1971			
69 to 16 (year 2) (Beller).....	New York University	Changes in coagulation and fibrinolysis in women on OC's.	{ Schrogie/BD-220 Richardson/CA-272.....	29,771	29,771	{ May 6, 1970 May 6, 1971			
70 to 222 (year 1) (Gershberg).....	do.	Differential effects of estrogen, progestin as contraceptive agents.	{ Bennett/BD-130 Richardson/CA-272.....	75,930	75,930	{ Apr. 29, 1970 June 28, 1971			
69 to 18 (year 2) (Rudolph).....	Rochester, University of	Incidence of urinary tract infections in females on OC's.	{ Pini/BD-160 Richardson/CA-272.....	55,000	None	N/C extension, 24 to Oct. 28, 1970			
70 to 64 (year 3) (DeAlvarez).....	Temple University	Study of lipid implications in users of oral contraceptives.	{ Schrogie/BD-220 Richardson/CA-272.....	120,000	139,963	{ June 15, 1970 June 15, 1971			
70 to 97 (year 2) (Spector).....	do.	Effects of oral contraceptives on cervical cytology.	{ Schrogie/BD-220 Richardson/CA-272.....	840,000	590,905	{ Feb. 28, 1970 Jan. 31, 1971			
70 to 55 (year 1) (Fletcher).....	Washington University	Drat contraceptive agents and thromboembolic complications.	{ Schrogie/BD-220 Berry/CA-272.....	49,968	49,968	{ June 22, 1970 June 21, 1971			

Center for population research		Title	Fiscal year 1969 funds	Fiscal year 1970 funds
<b>A. MEDICAL EFFECTS</b>				
RA-00001	U.S. Department of Agriculture (reimbursable agreement), Dr. Hewk.	Physiological Mechanisms Involved in Reactions to Implanted Devices in Animal Uteri.	\$82,000	\$82,000
RA-00011	Atomic Energy Commission (reimbursable agreement).	Chromosomal Breaks in Women Taking Oral Contraceptives.	59,090	17,000
7-1344	University of London, Dr. Wynn.	Study of Metabolic Effects of Oral Contraceptives.	42,704	42,720
7-1346	Kaiser Foundation Research Institute, Dr. Pellegrin.	Contraceptive Drug Study.	645,390	799,982
7-1389	University of California, Los Angeles, Dr. Stern.	Effects of Steroid Contraception on Cervical Dysplasia.	106,251	129,315
7-1391	University of California, Berkeley, Dr. Winkelstein.	Study of Correlates of IUD's.	141,600	202,318
8-0053	Institute of Medical Education, India, Dr. Chaudhury.	Effects of Intrauterine Contraceptive Device on Oxytocin Level.	0	0
9-2250	Duke University, Dr. Heyman.	Oral Contraceptives and Cerebrovascular Disease.	138,860	101,636
0-2181	Yale University, Dr. White.	A Retrospective Study of the Risks for Cancers of the Breast, Body of the Uterus, Ovary, and Cervix Among Users of Oral Contraceptives.	0	98,796
0-2185	University of California, Berkeley, Dr. Peifferberger.	Oral Contraceptives and Tumors of the Breast.	0	60,880
Subtotal			1,215,895	1,534,647
<b>B. BEHAVIORAL SCIENCES</b>				
RA-00007	Communicable Disease Center, Dr. Tyler.	Training and Experience in Relationships of Epidemiology to Fertility Regulations.	300,418	415,700
RA-00010	National Center for Health Statistics.	Development of Measures of Unwanted Childbearing.	0	11,486
RA-00012	U.S. Census Bureau, Dr. Glick.	Social and Economic Variations 1967.	18,000	23,000
RA-00013	do.	Social and Economic Correlates of Age, 1968.	20,000	0
RA-00014	U.S. Census Bureau, Dr. Greb.	Ethnic Variations in Fertility.	0	25,000
5-1048	Princeton University, Dr. Westoff.	Fertility Study.	0	212,260
9-0067	Columbia University, Dr. Ridley.	Report for the United Nations.	17,200	0
9-2016	American Institutes for Research, Dr. David.	Study of European Population Research.	10,000	0
9-2150	Louisiana State University, Dr. Wilbur.	The Relation of Fertility to Migration and Selected Socioeconomic Factors.	29,960	0
9-2151	University of Massachusetts, Dr. Lee.	Migration Differences in the United States.	46,600	0
9-2152	University of Michigan, Dr. Peffmore.	Fertility and Family Planning in West Malaysia.	41,970	0
9-2167	University of North Carolina, Dr. Cogswell.	Variations of Cognitive Styles: A Source of Misunderstanding between Presenters and Reviewers of Sex Information.	25,780	26,765
9-2200	University of California, Berkeley, Dr. Keyfitz.	Causes and Consequences of Sex-Age Differences in Human Population.	42,488	0
9-2224	University of Colorado, Dr. Heckenberg.	Demographic Transition Without Urbanization: Rural Fertility Reduction in the Southern Philippines.	94,335	21,139
9-2234	Population Council, Dr. Berelson.	Survey of Manpower and Training Consequences.	22,000	0
0-2077	Princeton University, Dr. Coale.	An Analysis of the Decline of Fertility in Europe.	0	68,670
0-2187	University of North Carolina, Dr. Sheps.	New Estimation Techniques for Demographic Analysis.	0	75,579
0-2189	Leland Stanford Junior University, Dr. Kirk.	Socioeconomic Factors in the Reduction of Natality in the Less Developed Areas.	0	60,902
0-2190	Brown University, Dr. Goldstein.	Urbanization, Migration, and Fertility in Thailand.	0	28,647
0-2191	Ohio State University, Dr. Eason.	Processes of Demographic Development in Imperial Russia and the Soviet Union.	0	52,700
0-2192	Indiana University, Dr. Scanzoni.	Sex Role, Family Structure, and Fertility Control.	0	207,260
0-2193	American Institutes for Research, Dr. David.	Psychological Components of Repeated Abortion Seeking Behavior.	0	15,325
0-2195	Boston College, Dr. Nuttall.	Correlates of Family Size and Expected Family Size Among Puerto Rican Youth.	0	47,189
0-2196	University of California, Dr. Davis.	Illegitimacy—Demographic and Sociological Studies.	0	86,969

See footnotes at end of table.

Center for population research		Title	Fiscal year 1969 funds	Fiscal year 1970 funds
<b>B. BEHAVIORAL SCIENCES—Continued</b>				
0-2197	University of Wisconsin, Dr. Dr. Sweet.	A Study of Differentials and Trends in Marital Disruption, Remarriage, and the Fertility of Remarriage.	0	34, 773
0-2198	University of Kentucky, Dr. Ansel.	An Economic Analysis of Migration from Rural Eastern Kentucky to Selected Urban Centers.	0	71, 600
0-2293	Population Council, Dr. Tietze	A National Abortion Survey.....	0	78, 954
Subtotal.....			668, 751	1, 563, 918
<b>C. CONTRACEPTIVE DEVELOPMENT, NICHD</b>				
RA-00006	Arctic Health Research Laboratory (reimbursable agreement)	Statistical Studies of Reproduction Among Alaskan Natives.	36, 150	40, 625
5-1014	University of Minnesota, Dr. Kjelberg.	A Quantitative Definition of the Temporal Characteristics of the Human Menstrual Cycle.	29, 580	40, 298
9-0074	Smithsonian Institution (SIE), Dr. Hersey.	Support to Biomedical and Behavioral Studies in Family Planning, 1967-68 survey.	16, 176	612
9-0618	University of Washington, Dr. Blandau.	Conferences on Biostocysts.....	29, 382	4, 400
9-0965	Society for Study of Reproduction, Dr. Biggers.	Conference on Reproduction Entitled Gametes and Fertilization.	3, 143	0
9-2093	Worcester Foundation for Experimental Biology, Dr. Kobayashi.	Studies of Histamine and Diamine Oxidase as a Potential Contraceptive Measure.	30, 143	33, 740
9-2094	University of Houston, Tex., Dr. Clerk.	Trophoblast Development and Implantation in the Rabbit.	18, 829	29, 571
9-2096	University of Cincinnati, Dr. Russell.	Biochemical and Pharmacologic Studies on the Mammalian Oviduct.	33, 500	36, 540
9-2097	University of Southern California, Dr. Eik-nes.	Formation of Dihydrotestosterone in Male Sex Organs and Transport of Steroid Androgens from the Testis to the Epididymis.	36, 000	45, 250
9-2098	Yale University, Dr. Gless.....	Cell Electrophoresis of Capacitated and Noncapacitated Sperm.	10, 728	0
9-2099	University of Oregon, Dr. Risley...	Prostaglandins and Smooth Muscles of Male Sex Organs.	31, 775	34, 000
9-2100	University of Missouri, Dr. Leeson.	The Functions of the Male Duct System.	13, 458	0
9-2101	Tulane University, Dr. Franklin....	Formation of the Surocosomal Mass of Golden Hamster Spermatozoa.	9, 117	15, 705
9-2102	Boston University, Dr. Turner.....	Metabolism in Spermatogenesis and Sperm Maturation.	11, 707	14, 177
9-2103	University of Georgia, Dr. Williams.	Biochemical Requirements for Fertilization and Development of Rabbit and Human Ova.	34, 122	45, 351
9-2104	University of Colorado, Dr. Flickinger.	Fine Structure and Function of the Accessory Glands of the Male Reproductive Tract.	14, 985	12, 750
9-2105	University of Virginia, Dr. Hamner.	Inhibition of Capacitation: A Possible Contraceptive Method.	21, 788	22, 956
9-2106	Washington University at St. Louis, Dr. Phillips.	Mammalian Sperm Motility and Ultrastructures.	42, 699	40, 543
9-2107	Harvard University, Dr. Fawcett....	Investigations of Spermatogenesis.....	66, 656	59, 944
9-2108	University of Chicago, Dr. Jensen...	"Estrogen-Receptor Substances of Oviduct Tissue.	45, 165	12, 886
9-2126	Trinity University, Dr. Espey.....	The Physiology of Ovulation.....	50, 005	51, 493
9-2127	University of Nevada, Dr. Foote....	Characterization and Environmental Control of Mammalian Oocyte Maturation.	20, 617	24, 323
9-2128	University of Miami, Dr. Marsh....	Mechanism of Ovulation.....	22, 351	23, 600
9-2129	Albert Einstein College of Medicine, Dr. Klinger.	Meiosis and Fertilization of Human Ova In vitro.	37, 301	39, 311
9-2130	Emory University, Dr. Rinard.....	Study of Uterine Metabolism.....	24, 427	27, 700
9-2131	Columbia University, Dr. Feigelson.	Proteins of the Oviduct and Oviductal Fluid.	32, 890	24, 688
9-2132	University of Massachusetts, Dr. Black.	Neural Control of the Mammalian Oviduct.	14, 955	14, 840
9-2133	Southwest Foundation for Research and Education, Dr. Hagino.	The Study of Neural Regulation of Ovarian Function in Primates.	1 29, 000	31, 146
9-2134	University of Michigan, Dr. Niswender.	Endocrine Regulation of the Corpus Luteum.	1 26, 706	37, 220
9-2135	University of Illinois, Urbana, Dr. Malbandov.	Anti-Luteinizing Activity of the Follicular Ovum.	1 43, 365	45, 635

See footnotes at end of table.

Center for population research		Title	Fiscal year 1969 funds	Fiscal year 1970 funds
C. CONTRACEPTIVE DEVELOPMENT, NICHD—Continued				
9-2136	University of Minnesota, Dr. Saal...	Ultrastructural Studies of Estrogen Effects on Uterus, Oviduct and Ovary, and of Placenta.	18,646	20,865
9-2137	Pennsylvania State University, Dr. Amann.	Role of the Epididymis in Sperm Maturation.	30,706	58,660
9-2138	University of Michigan, Dr. Nakabayashi.	Immunochemical Analyses of Human Seminal Plasma.	22,235	0
9-2139	University of Texas, Dr. Brinkley...	Ultrastructural and Electron Cytochemical Studies of Mammalian Spermiogenesis.	35,875	58,703
9-2140	Upjohn Company, Dr. Ericsson....	Study of Sperm Maturation in the Epididymis.	35,574	0
9-2141	University of Pennsylvania, Dr. Cross.	Bleistiocyst Expansion on Preovulatory Follicle Swelling.	23,928	28,697
9-2162	Northwestern University, Dr. Goldberg.	Biochemical Studies on Spermatogenesis and Spermatozoa.	39,944	45,061
9-2164	University of Illinois, Dr. Dziuk....	A Study of the Levels of Progesterone and Estrogen Required for Maintenance of Pregnancy in the Sheep, Pig and Rabbit.	145,800	0
9-2165	University of Western Ontario, Dr. Armstrong.	Corpus Luteum Regulatory Mechanisms.	36,508	45,208
9-2166	Vanderbilt University, Dr. Drebin-Crist.	Hormonal Control of Sperm Maturation.	27,843	37,083
9-2187	University of California, Riverside, Dr. Moratti.	The Role of the Trophoblast and Endometrium in Development During Preimplantation and Implantation.	122,192	0
9-2188	Southwest Research Institute, Dr. Ware.	Development of a Method of Monitoring Peristaltic Activity of the Oviduct.	52,378	50,637
9-2189	Draxel Institute of Technology, Dr. Fromma.	A Bioengineering Approach to the Study of Tubal Activity in Contraception.	116,456	38,437
9-2190	University of Hawaii, Dr. Greenwood.	Phenothiazines as Possible Regulators of Ovulation in Women.	85,680	0
9-2191	University of California, Davis, Dr. Stabenfeldt.	The Relationship of Corpus Luteum Function to Cyclic Reproductive Processes and Early Pregnancy in Mammals.	121,080	0
9-2192	Worcester Foundation for Experimental Biology, Dr. Halkerston.	Development of an In vitro assay system for Luteotrophic and Luteolytic Activity.	124,478	0
9-2193	Medical College of Ohio at Toledo, Dr. Seffran.	Hypothalamo-Hypophyseal Factors in Reproduction.	182,911	70,555
9-2194	Washington University School of Medicine, Dr. Csapo.	The Role of Progesterone and Other Gonadal Hormones in the Initiation and Maintenance of Early Pregnancy.	146,329	48,718
9-2195	University of Texas at Houston, Dr. Browning.	Function of Corpora Lutea in Relation to Pituitary and Chorionic Luteotropins.	127,300	0
9-2199	Bionetics Laboratories, Inc., Dr. Valerio.	Collection of Urine from Pregnant Rhesus Monkeys.	119,866	0
9-2202	Mt. Sinai School of Medicine, Dr. Schual.	The Role of Cortical Granules in Fertilization.	59,389	44,532
9-2203	Harvard University, Dr. Yoshinaga.	Factors Which Control the Attachment of Embryos to the Uterus.	128,000	0
9-2204	Columbia University, Dr. Neuwirth.	Fertility Study for Refinement of Techniques to Study the Internal Reproductive Tract of Primates.	5,500	0
9-2205	Worcester Foundation for Experimental Biology, Dr. Birchall.	A Biochemical Investigation of the Oviduct.	137,183	0
9-2206	Georgetown University, Dr. Goeringer.	Characteristics of Dil Types in the Female Reproductive Tract.	31,349	36,135
9-2207	Boston University, Dr. Gala.....	Prolectin Production from Primate Pituitary Organ Cultures.	15,370	0
9-2208	The Upjohn Company, Dr. Pharris.	Luteolysis as an Approach to Contraception.	1127,684	0
9-2209	Cornell University, Dr. Hensel....	Isolation of a Bovine Uterine Luteolytic Factor.	1107,232	0
9-2210	Detroit Institute of Cancer Research, Dr. Brooks.	Study of Uterine Cytoplasmic Protein Synthesis Throughout the Estrus Cycle and the Effect of Estrogen and Progestins on These Systems.	182,947	0
9-2211	University of Wyoming, Dr. Kallenbach.	Identification of the Luteotrophic Complex in the Ewe.	139,820	0

See footnotes at end of table.

	Center for population research	Title	Fiscal year 1969 funds	Fiscal year 1970 funds
<b>C. CONTRACEPTIVE DEVELOPMENT, NICHD—Continued</b>				
9-2212	Delta Regional Primate Research Center, Dr. Spies.	Site of Blockage of Ovulation by Progesterins in the Monkey.	1244,000	
9-2213	Iowa State University, Dr. Wagner.	Effects of Lactation and Stress on Ovarian Activity.	1271,267	0
9-2214	Harvard Medical School, Dr. Graep.	Contraception Through Disordering of Luteal and Uterine Events.	12158,441	0
9-2215	West Virginia University, Dr. Inskoop.	Relationships of Endometrial Prostaglandins and Luteal Function.	1235,337	0
9-2216	Albert Einstein College of Medicine, Dr. Fujimoto.	Effects of Progesterone and Estrogenic Hormones on the Uterus.	12124,274	0
9-2217	Ohio State University, Dr. Marks..	Effects of Automatic Drugs on FSH and LH Releasing Factors.	141,887	0
9-2218	Georgetown University School of Medicine, Dr. Crisp.	The Fine Structure and 5-3B-hydroxysteroid Dehydrogenase Activity of Human, Canine and Rodent Corpora Lutea.	130,619	0
9-2220	Harbor General Hospital, Dr. Zamboni.	Morpho-physiologic Studies on Mammalian Germates prior to and during Fertilization In vivo and In vitro.	23,783	42,416
9-2221	University of Texas, Dr. Ward.....	Physiological Aspects of the Attachment of Carbohydrate to Lutealizing Hormone.	12119,340	0
0-782	Johns Hopkins University, Dr. John Biggare.	Conference on Oogenesis.....	0	16,074
0-968	Society for Study of Reproduction, Dr. VanDamark.	Conference on the Blastocyst.....	0	5,000
0-2046	Johns Hopkins University, Dr. Brunton.	Factors Influencing Mammalian Oviductal Secretions.	31,149	40,000
0-2056	Royal Vaternary College of Sweden, Dr. Cyabo.	Composition of Epididymal Plasma and Sperm in the Boar and in Man.	0	10,316
0-2061	Michigan State University, Dr. Dukalow.	Control of Ovulation and Capacitation in the Non-human Primates.	24,351	24,325
0-2140	Cornell University Medical College, Dr. Gandy.	Fertility Control and Contraception....	0	52,305
0-2141	University of Washington, Dr. Blandau.	An Interdisciplinary Program Project on the Biology of the Oviduct and Gamete Transport.	0	195,890
0-2142	Medical College of Virginia, Dr. Ddor.	Ultrastructural Studies on the Oviduct of the Intact Normal, the Ovariectomized and Ovariectomized-hormone Treated Rabbit and Pig-tailed monkey, Macaca Nemastrina.	0	13,195
0-2143	Columbia University College of Physicians and Surgeons, Dr. Bedford.	The Maturation of Mammalian Sperm in the Male and Female Reproductive Tract.	0	72,770
0-2144	Washington State University, Dr. Dickson.	Measurement of Blood Flow in the Mammalian Oviduct.	0	13,996
0-2145	Cleveland Metropolitan General Hospital, Dr. Little.	Progesterone Production and Metabolism During the Human Female Reproductive Cycle.	0	30,430
0-2146	Oregon Regional Primate Research Center, Dr. Brannan.	Control of Ciliogenesis and Secretory Cell Growth in the Primate Oviduct.	0	14,831
0-2147	University of Georgia, Dr. Srivastava.	Enzymes of the Sperm Acrosomes, Occurrence of the Inhibitors of These Enzymes in Seminal Plasma and the Role of the Enzymes and Inhibitors in Capacitation of Sperm and in the Penetration and Fertilization of Ova.	0	29,494
0-2148	University of Missouri, Dr. Larks..	Bioelectric Activity of the Oviduct In vivo.	0	31,372
0-2149	Medical College of Georgia, Dr. Mahesh.	Control of Ovulation and Corpus Luteum Function.	0	43,760
0-2150	School of Veterinary Medicine, University of Pennsylvania, Dr. Cross.	Mammalian Oocyte Maturation and Fertilization In vitro.	0	39,945
0-2151	Philadelphia College of Pharmacy and Science, Dr. Joshi.	Studies on the Antigenic Status of the Ovary.	0	24,514
0-2152	Oklahoma State University, Dr. Ewing.	An Evaluation of the Efficacy of Testosterone Filled Dimethylpolysiloxane Implants to Maintain Varying Concentrations of Testosterone in the Peripheral Circulation of Male Rabbits.	0	28,917

See footnotes at end of table.

	Center for population research	Title	Fiscal year 1969 funds	Fiscal year 1970 funds
<b>C. CONTRACEPTIVE DEVELOPMENT, NICHD—Continued</b>				
D-2153	University of Hawaii School of Medicine, Dr. Plette.	Electron Spin Resonance and Radiolotope Labeling Studies of Mammalian Reproductive Cell Membranes in the Evaluation of New Methods of Contraception.	0	56, 099
0-2155	University of Michigan Medical Center, Dr. Bahrman.	The Antigenicity and Immunology of the Trophoblast and the Potentials for the Use of Anti-Trophoblast Serum as a Contraceptive.	0	38, 229
0-2156	State University of New York, Dr. Rikmanspoel.	Control Mechanisms of Sperm Motility.	0	30, 836
0-2157	Stanford University, Dr. Faigen....	Studies on Permeability and Transport Characteristics of Oviductal Epithelium.	0	40, 793
0-2158	Worcester Foundation for Experimental Biology, Inc., Dr. Brodie.	The Development of Inhibitors to Estrogen Biosynthesis.	0	43, 634
0-2159	The University of Texas at Austin, Dr. Hamilton.	Effects of Steroid Hormones on RNA and Protein Synthesis in the Mammalian Oviduct.	0	43, 400
0-2160	Duke University Medical Center, Dr. Schomberg.	The Role of Uterine Luteolytic Substances in Reproduction.	0	17, 070
0-2161	University of Pennsylvania School of Medicine, Dr. Stambaugh.	Studies on the Acrosomal Enzymes Effecting Penetration of the Zona Pellucida.	0	28, 250
0-2162	Vanderbilt University, Dr. Soupart.	Sperm Capacitation as Target for Contraception: Animal and Human Studies.	0	44, 278
0-2163	University of Pennsylvania, Dr. Brackatt.	In vitro Fertilization of Primate Ova....	0	48, 740
0-2164	Clemson University, Dr. Dickay....	Control of Oviduct Functions.....	0	65, 408
0-2165	Vanderbilt University, Dr. Toft....	Studies on Steroid Hormone Receptors and Their Role in Reproductive Biology.	0	40, 088
0-2166	The Johns Hopkins University, Dr. Biggers.	Uterine Secretions and Implantation....	0	39, 749
0-2167	University of Michigan Medical Center, Dr. Gregoire.	Sperm Transport and Survival in the Human Female Genital Tract.	0	32, 723
0-2250	Endocrine Laboratories of Madison, Inc., Dr. Shipley.	Studies in Rhesus Monkeys Related to the Development of Antifertility Agents.	0	78, 553
0-2251	Columbia University, Dr. Canfield..	Pilot Study for the Large Scale Preparation of Purified Human Chorionic Gonadotropin.	0	47, 300
0-2252	Columbia University, Dr. Mandl....	The Mechanism of Follicular Rupture...	0	28, 300
0-2253	University of Miami, Dr. Metz.....	Ultrastructural and Immunological Investigation of Spermatogenesis, Sperm Transport and Fertilization in the Manul.	0	92, 300
0-2254	The University of Rochester School of Medicine and Dentistry, Dr. Notides.	Studies of the Estrogen-Binding Protein ("estrogen-receptor") in the Human Uterus and Anterior Pituitary and in the Rodent Uterus, Anterior Pituitary and the Hypothalamus.	0	33, 450
0-2255	Medical University of South Carolina, Dr. Baggett.	The Biochemical Life Cycle of the Rabbit Corpus Luteum and its Modification by Humoral Factors.	0	21, 493
0-2256	University of Pittsburgh School of Medicine, Dr. Channing.	Studies on the Mechanism of Luteinization in vitro.	0	25, 216
0-2257	Stanford University Medical School, Dr. Nelson.	Physiology of the Oviduct.....	0	91, 585
0-2258	Yale University School of Medicine, Dr. Eisenfeld.	Steroid Hormone Binding in Reproductive Organs.	0	39, 141
0-2259	University of Colorado, Dr. Hahn...	The Effect of Progesterone and Estradiol on RNA Synthesis in the Rabbit Oviduct and its Relationship to Early Embryonic Development.	0	26, 197
0-2260	Michigan State University, Dr. Clemens.	Mechanisms of Progesterone Action on the Central Nervous System.	0	20, 300
0-2261	University of California, Dr. Setir...	Oviduct Cilia: Structure, Function, and Development.	0	34, 343

See footnotes at end of table.

	Center for population research	Title	Fiscal year 1969 funds	Fiscal year 1970 funds
<b>C. CONTRACEPTIVE DEVELOPMENT, NICHD—Continued</b>				
0-2262	University of Georgia, Dr. Williams.	Mechanism of Action of Gonadotrophins in the Testes: Stimulation of Protein and Fatty Acid Synthesis in vitro by Gonadotrophin-Induced Ribonucleic Acid or Polysomes and Correlation of These Hormone Induced Biochemical Changes to Spermatogenesis.	0	33,500
0-2305	Meyo Foundation, Dr. Jeang.....	Study of estrogen and progesterone binding substances.	0	40,960
0-2306	Jaffarson Medical College, Dr. Brent.	Experimental methods of interrupting pregnancy.	0	37,660
0-2307	University of Illinois, Dr. Schwartz	A simultaneous theoretical and empirical approach to the study of the rat estrous cycle.	0	41,500
0-2308	Battelle Memorial Institution, Dr. Falb.	Solid-phase radioimmunoassay of hormones.	0	21,165
0-2309	University of California, Dr. Glass	Transfer of Maternal Macromolecules Mammalian Eggs.	0	29,000
0-2310	Cese-Western Reserve, Dr. Rothchild.	Regulations of the changes in corpus luteum physiology required for the establishment of pregnancy in the rat.	0	53,313
0-2311	University of New Mexico, Dr. Leppl.	Morphochemical analysis of mucins in the mammalian oviduct.	0	17,763
0-2312	University of Pennsylvania, Dr. Flickinger.	Metabolism of ovarian hormones in the rhesus monkey.	0	32,867
0-2312	Medical College of Ohio, Dr. Nelson.	Neurochemical control of sperm motility.	0	45,558
0-2314	Tulane University, Dr. Clegg.....	Immunological control of reproduction.	0	23,936
0-2315	Worcester Foundation for Experimental Biology, Dr. Hele.	Research and Development of New contraceptives.	0	52,785
0-3216	University of Georgia, Dr. Foley...	The influence of oviduct secretions on oxidative phosphorylation of spermatozoa.	0	12,300
0-2317	University of Chicago, Dr. Schumacher.	Protease inhibitors in human genital secretions.	0	23,227
0-2318	University of Iowa, Dr. Ven Orden.	Uterine biogenic amine and estrogen relationships, and the effects of Intrauterine contraceptive devices.	0	25,356
0-2319	Harvard University, Dr. Salhanick	Development of laboratory screening for inhibitors of progesterone synthesis.	0	45,120
Subtotal.....			2,881,461	3,764,876
(NICHD Funds).....			(1,385,683)	
(AID Funds).....			(1,495,777)	
CPR total.....			4,766,107	
NICHD.....			(3,270,330)	
AID.....			(1,495,777)	

<sup>1</sup> Supported by AID funds.

<sup>2</sup> 2 years.

<sup>3</sup> 3 years.

NICHD RESEARCH GRANTS — ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	IP	PR
5 R01 DC001-13	45,256	69	1/ 1/69- 9/30/70	3	COLMEN, AMIRAL L NEW YORK, CITY OF NEW YORK, N Y FERTILIZATION STUDIES OF SPERM EGG ASSOCIATION	CLY	PR
2 R01 DC033-76 A1	30,502	70	1/ 1/70-12/31/72	2	CASIM, J DOUGLAS CASE WESTERN RESERVE U CLEVELAND, OHIO PRUTIN SYNTHESIS DURING EMBRYOGENESIS	NY	PR
5 R01 DC033-26	25,196	69	1/ 1/69- 12/31/70		FLIPSE, ROMEAT J PENNSYLVANIA STATE U UNIVERSITY PARK, PA AMINO ACID METABOLISM BY SPERMATOZOA	PI	PR
3 R01 DC047-76	24,804	69	1/ 1/69-12/31/70	C	COLEMAN, JOHN R BROWN U PROVIDENCE, RI PROTEIN BIOSYNTHESIS DURING MYOGENESIS IN VITRO	PHY	PR
2 R01 DC043-11	55,929	70	9/ 1/69- 8/31/74	4	HAY, ELIZABETH D HARVARD U BOSTON, MASS CYTOLOGY OF GROWING AND DIFFERENTIATING CELLS	PHY	PR
5 R01 DC0189-17	29,221	70	5/ 1/69- 4/31/71	1	HOLTZEP, HENARD PENNSYLVANIA, U OF PHILADELPHIA, PA MECHANISMS IN DIFFERENTIATION OF MESODERMAL TISSUES	PHY	PR
5 R01 DC0261-12	40,419	70	2/ 1/70- 1/31/71	0	ONSINI, MARGARET MARC WISCONSIN, U OF MADISON, WIS COMPARATIVE UTERINE VASCULATURE	PHY	PR
5 R01 DC0344-66	25,763	70	11/ 1/69-10/31/70	0	LARSSON, KNUT GOTEBORG, U OF GOTEBORG, SWEDEN NEUROLOGICAL MECHANISMS IN REPRODUCTIVE BEHAVIOR	PHY	PR
2 R01 DC0344-69	28,406	70	9/ 1/69- 8/31/74	4	ARONSON, LESTER R AMERICAN MUSEUM OF NATURAL HISTORY NEW YORK, N Y BEHAVIORAL EFFECTS OF SELECTED DENervation	PHY	PR

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5 R01 00380-12	34,312	70	9/ 1/69- 8/31/70	0	LASH, JAMES M PENNSYLVANIA, U OF PHILADELPHIA, PA ANALYSIS OF CHORIOGENESIS	CBVA	PR
2 R01 00394-09	63,789	70	9/ 1/69- 8/31/73	3	GESCHWIND, IRVING I CALIFORNIA, U OF DAVIS, CALIF PITUITARY AND HYPOTHALAMIC PROTEINS AND PEPTIDES	END	PR
2 R01 00399-09	54,293	70	9/ 1/69- 8/31/72	2	STEINBERGER, ANNA ALBERT EINSTEIN MEDICAL CTR PHILADELPHIA, PA EFFECT OF GONADOTROPINS ON TESTES TISSUE CULTURE	END	PR
5 R01 00417-08	5,721	69	12/ 1/68- 5/31/70	0	WHARTON, LAWRENCE R JR JOHNS HOPKINS U BALTIMORE, MD PROGESTINS AND INTERSEX	REB	PR
5 R01 00440-08	48,769	69	5/ 1/69- 4/30/73	3	SCHWARTZ, NEENA BETTY ILLINOIS, U OF CHICAGO, ILL ENVIRONMENTAL AND HORMONAL INTERPLAY OF OVULATION	REB	PR
5 R01 00444-09	39,293	68	6/ 1/68- 4/30/70	0	SPAZIANI, EUGENE IOWA, U OF IOWA CITY, IOWA MECHANISM OF HORMONE ACTION IN REPRODUCTIVE ORGANS	END	PR
5 R01 00456-19	13,995	69	9/ 1/68- 8/31/70	0	FORBES, THOMAS R YALE U NEW HAVEN, CONN PROGESTIN LEVELS AND THEIR SIGNIFICANCE	END	PR
5 R01 00472-13 3 R01 00472-1351	34,776 9,600	69 70	9/ 1/68- 6/30/70 3/ 1/70- 6/30/70	0 0	SWEAT, MAX L UTAH, U OF SALT LAKE CITY, UTAH MECHANISM OF GROWTH IN ENDOMETRIAL TISSUE	END	PR
5 R01 00481-12	13,247	70	1/ 1/70-12/31/71	1	MAC LECO, JOHN CORNELL U NEW YORK, N Y THE METABOLISM OF HUMAN SPERMATOZOA	REB	PR

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5 R01 00488-12	20,623	70	1/ 1/70-12/31/71	1	FREUND, MATTHEW JAY NEW YORK MEDICAL COLL NEW YORK, N Y CHARACTERISTICS, METABOLISM, FERTILITY OF HUMAN SEMEN	REB	PR
5 R01 00516-10	79,249	70	10/ 1/69- 9/30/70	0	MILLER, ORLANDO JACK COLUMBIA U NEW YORK, N Y GENETIC FACTORS IN HUMAN SEX DEVELOPMENT	GEN	PR
5 R01 00596-08	36,187	70	1/ 1/70-12/31/70	0	GREENWALD, GILBERT S KANSAS, U OF KANSAS CITY, KANS FOLLICULAR & LUTEAL REGULATION IN THE PANMALLIAN OVARY	REB	PR
5 R01 00739-06	22,409	70	9/ 1/69- 8/31/70	0	BRINKLEY, HOWARD J MARYLAND, U OF COLLEGE PARK, MD FUNCTIONING OF CORPORA LUTEA	REB	PR
5 R01 00778-04 3 R01 00778-0651	59,913 218	69 TO	5/ 1/69- 4/30/70 12/ 1/69- 4/30/70	0 0	DAVIDSON, JULIAN M STANFORD U STANFORD, CALIF ROLE OF THE BRAIN IN MALE AND FEMALE REPRODUCTION	REB	PR
5 R01 00814-05	22,609	69	9/ 1/68- 8/31/70	0	LIPMER, HARRY FLORIDA STATE U TALLAHASSEE, FLA STUDIES OF THE PHYSIOLOGY OF OVULATION	REB	PR
5 R01 00816-06	16,261	69	5/ 1/69- 4/30/70	0	HUNTER, ALAN G MINNESOTA, U OF ST PAUL, MINN CHARACTERIZATION & PURIFICATION OF SPERM PROTEINS	REB	PR
5 R01 00850-13	39,540	70	12/ 1/69-11/30/72	2	BARKSDALE, ALVA WHIFFEN NEW YORK BOTANICAL GARDEN NEW YORK, N Y THE SEXUAL HORMONES OF ACHLYA BISEXUALIS	PRC	PR
5 R01 00867-08	69,325	69	1/ 1/69- 5/31/73	0	GERALL, ARNOLD A TULANE U NEW ORLEANS, LA HORMONAL & NEURAL CORRELATES OF REPRODUCTIVE BEHAVIOR	ON4	PR

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5 R01 00893-07	26,557	69	5/ 1/69- 4/30/70	0	WHALEN, RICHARD E CALIFORNIA, U OF IRVINE, CALIF HORMONES AND BEHAVIOR	OUR	PR
5 R01 00994-06	35,439	70	9/ 1/69- 8/31/70	0	ZINKHAN, WILLIAM H JOHNS HOPKINS U BALTIMORE, MD HETEROGENEITY OF DEHYDROGENASES IN HUMAN DEVELOPMENT	CBYB	PR
2 R01 01026-06	75,980	70	12/ 1/69-11/30/74	4	PADYKULA, HELEN A WELLESLEY COLL WELLESLEY, MASS CYTOLOGICAL INVESTIGATIONS OF MAMMALIAN DIFFERENTIATION	CBY	PR
5 R01 01168-11	60,690	70	1/ 1/70-12/31/70	0	MELANPY, ROBERT M IOWA STATE U OF SCIENCE AND TECH AMES, IOWA PITUITARY OVARIAN UTERINE RELATIONSHIPS	END	PR
2 R01 01177-08 A1	49,642	70	2/ 1/70- 1/31/73	2	HILLIARD, JESSAMINE O CALIFORNIA, U OF LOS ANGELES, CALIF BIOSYNTHESIS AND PHYSIOLOGY OF OVARIAN STEROIDS	REB	PR
5 R01 01182-08	55,317	70	11/ 1/69-10/31/73	3	SAMYER, CHARLES H CALIFORNIA, U OF LOS ANGELES, CALIF STUDIES ON THE OVARIAN-HYPOTHALAMIC-HYPOPHYSICAL AXIS	REB	PR
5 R01 01229-19	211,054	70	9/ 1/69- 8/31/71	1	DOTY, PAUL M HARVARD U CAMBRIDGE, MASS STRUCTURE AND FUNCTION OF NUCLEIC ACIDS	PC	PR
5 R01 01232-16	26,460	70	9/ 1/69- 8/31/70	0	VILLEE, CLAUDE A JR HARVARD U BOSTON, MASS MECHANISM OF ACTION OF STEROID HORMONES	END	PR
5 R01 01253-12	116,345	70	12/ 1/69-11/30/71	1	MOSCONA, ARON ARTHUR CHICAGO, U OF CHICAGO, ILL AGGREGATION OF DISSOCIATED CELLS AND TISSUE FORMATION	CBY	PR

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GRANT NUMBER	AMARO	FY	GRANT PERIOD	FUF	PI, INSTITUTION, LOCATION, PROJECT TITLE	TAG	PROC
5 R01 01265-08	49,528	69	6/ 1/69- 5/31/72	2	KILGORE, HOWELL M. CALIFORNIA, U OF DAVIS, CALIF THE BIOCHEMISTRY OF INSECT STERILANTS	TOX	PR
5 R01 01303-05	27,367	69	6/ 1/69- 5/31/71	1	LOVE, DAVID S. CASE WESTERN RESERVE U CLEVELAND, OHIO ENDOCRINE REGULATION IN MUSCLE DEVELOPMENT	HIO	PR
5 R01 01319-13	24,720	69	6/ 1/69- 5/31/70	0	NEUBURG, ROBERT M. OREGON STATE U CORVALLIS, OREG COMPARATIVE ENZYMIC PATTERNS DURING DEVELOPMENT	BIO	PR
5 R01 01346-04	47,154	70	3/ 1/70- 2/28/73	2	AMANN, RUPERT P. PENNSYLVANIA STATE U UNIVERSITY PARK, PA PHYSIOLOGY OF THE RABBIT TESTIS AND EPIDIDYMIS	WEB	PR
5 R01 01357-06	11,771	70	1/ 1/70-12/31/70	0	BO, WALTER J. WAKE FOREST U WINSTON-SALEM, N C SULFOMUCOPOLYSACCHARIDES IN THE UTERUS OF PREGNANCY	RFH	PR
5 R01 01372-05	33,719	69	5/ 1/69- 4/30/71	1	CHRISTENSEN, A KENT STANFORD U STANFORD, CALIF FINE STRUCTURE OF THE VERTEBRATE TESTIS	RFH	PR
5 R01 01541-05	21,066	69	6/ 1/69- 5/31/71	1	ORGB, HOWARD S. NEW YORK U NEW YORK, N Y STUDIES OF THE ISOLATED, INTACT OVARIAN FOLLICLE	RFH	PR
5 R01 01573-05	22,843	69	6/ 1/69- 6/30/70	0	DAVIS, JOSEPH R. LOYOLA U MICHIGAN, ILL METABOLIC STUDIES ON NORMAL & CRYPTORCHID RAT TESTES	RFH	PR
5 R01 01644-11	107,659	70	1/ 1/70-12/31/70	0	MINTZ, NEATRICE INST FOR CANCER RESEARCH PHILADELPHIA, PA DIFFERENTIATION AND ITS GENETIC CONTROL IN THE EMBRYO	CBY	PR

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GRANT NUMBER	AMARO	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	IRG	PROC
5 R01 01662-03	13,925	69	4/ 1/69- 5/31/70	0	ANSEVIN, KRISTYNA O RICE U HOUSTON, TEX NUCLEAR CHANGES DURING CELL DIFFERENTIATION	CBYB	PR
5 R01 01663-05	24,449	70	8/ 1/69- 7/31/70	0	BLACKLER, ANTONIE W CORNELL U ITHACA, N Y ORIGIN AND POTENTIALITY OF EMBRYONIC SEX CELLS	CBY	PR
5 R01 01689-05	41,951	70	10/ 1/69- 9/30/72	2	STEFVITZ, PHILIP RUCKEFELLER U NEW YORK, N Y BIOGENESIS OF INTRACELLULAR MEMBRANES	BIO	PR
5 R01 01789-04	10,282	69	9/ 1/68- 8/31/70	0	HARRIS, THOMAS M VIRGINIA COMMONWEALTH U RICHMOND, VA MORPHOGENESIS OF AMPHIBIAN ENDOGENOUS OERIVATIVES	CBYA	PR
5 R01 01810-05	55,069	70	9/ 1/69- 8/31/71	1	MASTROIANNI, LUIGI JR PENNSYLVANIA, U OF PHILADELPHIA, PA A COMPREHENSIVE STUDY OF OVIUCT PHYSIOLOGY	REB	PR
5 R01 01831-05	27,872	69	5/ 1/69- 4/30/70	0	ASHTON, GEOFFREY C HAWAII, U OF HONOLULU, HAWAII FACTORS MAINTAINING BIOCHEMICAL POLYMORPHISMS	GEN	PR
5 R01 01887-03	17,881	68	5/ 1/68- 4/30/70	0	WISNELL, OZRO B TEXAS, U OF HOUSTON, TEX HORMONAL CONTROL OF ENDOCRINES IN SUBHUMAN PRIMATES	ENO	PR
2 R01 01962-04	28,491	69	5/ 1/69- 4/30/72	2	VUNIS, JORGE J MINNESOTA, U OF MINNEAPOLIS, MINN CONSTITUTIVE HETERODIMORPHISM AND RNA SYNTHESIS	GFN	PR
5 R01 02014-05	12,936	70	2/ 1/70- 1/31/72	1	TALBERT, GEORGE B NEW YORK, STATE U OF NEW YORK, N Y EFFECT OF MATERNAL AGE ON REPRODUCTIVE CAPACITY	REB	PR

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5 R01 02060-04	23,779	70	2/ 1/70- 1/31/72	1	HOFFMANN, JOAN C ROCHESTER, U OF ROCHESTER, N Y FACTORS CONTROLLING THE TIMING OF LH RELEASE	REB	PR
5 R01 02065-03	7,361	69	6/ 1/68- 5/31/70	0	MUTHUKARUPPAN, VEERAPPAN ANNAMALAI U MADRAS, INDIA THE DEVELOPMENT OF IMMUNITY IN REPTILES	AIB	PR
5 P01 02066-04	72,914	70	7/ 1/69- 6/30/72	2	NOYES, ROBERT W HAWAII, U OF HONOLULU, HAWAII REPRODUCTION AND DEVELOPMENTAL BIOLOGY	HOPR	PR
2 R01 02138-08	96,329	70	9/ 1/69- 8/31/74	4	HALLER, EDWIN MARYLAND, U OF BALTIMORE, MD CENTRAL NERVOUS REGULATION OF REPRODUCTION	REB	PR
2 R01 02148-04	56,497	70	9/ 1/69- 8/31/74	4	JONES, MARY ELLEN NORTH CAROLINA, U OF CHAPEL HILL, N C CARBOXYL ENZYMES AND DIFFERENTIATION	BIO	PR
5 R01 02186-04	20,562	69	5/ 1/69- 4/30/71	1	LIN, TEH P CALIFORNIA, U OF SAN FRANCISCO, CALIF MICROBIOLOGICAL STUDIES ON THE DEVELOPMENT OF MOUSE EGGS	CNY	PR
5 R01 02199-03	7,372	68	6/ 1/68- 1/31/71	0	MC CORMACK, CHARLES E CHICAGO MEDICAL SCHOOL CHICAGO, ILL THE ROLE OF PROGESTERONE IN FACILITATING OVULATION	ENO	PR
2 R01 02266-04	14,799	69	5/ 1/69- 4/30/74	4	KLEBANOFF, SEYMOUR J WASHINGTON, U OF SEATTLE, WASH UTERINE EOSINOPHIL STRUCTURE AND FUNCTION	PTNA	PR
5 P01 02282-04	148,494	70	9/ 1/69- 8/31/71	1	MUNKE, MEREDITH N COLORADO, U OF BOULDER, COLO MECHANISMS IN DEVELOPMENTAL BIOLOGY	HOPR	PR

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5 R01 02315-03	26,396	69	9/ 1/68- 8/31/70	0	BRINSTER, RALPH L PENNSYLVANIA, U OF PHILADELPHIA, PA ACTION OF ANTIFERTILITY COMPOUNDS	REB	PR
2 R01 02322-06	18,741	70	4/ 1/70- 3/31/72	1	QUINLIVAN, W LESLIE G CALIFORNIA, U OF LOS ANGELES, CALIF HUMAN SEMEN ANTIBODIES CAUSING INFERTILITY	REB	PR
5 R01 02344-04	30,738	69	6/ 1/69- 5/31/71	1	FANCETT, DON W HARVARD U BOSTON, MASS EXPERIMENTAL STUDIES ON GAMETOGENESIS & REPRODUCTION	REB	PR
5 R01 02399-03	37,071	70	9/ 1/69- 8/31/73	3	OE FEG, VINCENT J HAWAII, U OF HONOLULU, HAWAII STUDIES ON THE MECHANISM OF DECIDUALIZATION	HOPR	PR
2 R01 02412-04	21,713	70	12/ 1/69-11/30/72	2	DAVIDSON, ERIC H ROCKEFELLER U NEW YORK, N Y OOCYTES AND THE CONTROL OF EMBRYONIC GENE ACTIVITY	CBY	PR
2 R01 02455-04	38,607	70	12/ 1/69-11/30/72	2	BECK, PAUL COLORADO, U OF DENVER, COLO METABOLIC AND ENDOCRINE EFFECTS OF PEPTIDE HORMONES	ME7	PR
5 R01 02537-03	12,340	69	9/ 1/68- 8/31/70	0	STERN, ELIZABETH CALIFORNIA, U OF LOS ANGELES, CALIF EFFECTS OF STEROID CONTRACEPTION ON THE OVARY	REB	PR
2 R01 02597-04	32,840	70	1/ 1/70-12/31/73	3	HARPER, MICHAEL J K WORCESTER FOR EXPTL BIOLOGY SHREWSBURY, MASS NEURAL AND HORMONAL CONTROL OF OVULATORY FUNCTION	RFR	PR
5 R01 02615-04	37,439	70	1/ 1/70-12/31/71	1	LISK, ROBERT D PRINCETON U PRINCETON, N J REPRODUCTIVE BEHAVIOR - FACILITATION AND INHIBITION	REB	PR

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GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	ENG	FACE
S R01 02624-C4	31,115	70	1/ 1/70-12/31/70	0	HIMMEL, PETER BIO-RESEARCH INST INC CAMBRIDGE, MASS GLYCOPROTEINS OF PURINE ENDOCRINE SECRETIONS	MLI	P4
S R01 02637-C3	59,509	70	3/ 1/70- 2/28/71	0	HUMANOFF, ELLIJA B WURCESTER FIM FOR EXPTL ATOLGY SHRLESHURY, MASS REGULATION OF OVARIAN FUNCTION - LUTALINOPIC PHASES	REL	PA
S R01 02643-C4	18,965	70	1/ 1/70-12/31/71	1	STOKES, ALLEN W UTAH STATE U LUGAN, UTAH SUCTAL STRESS IN FREE-LIVING RODENTS	EXP	PA
S R01 02644-C3	24,083	69	2/ 1/69- 7/31/70	0	HATHAWAY, RALPH R UTAH, U OF SALT LAKE CITY, UTAH METABOLISM OF SPERM AND THE CUMULUS CELLS OF EGGS	REL	P4
S R01 02731-C3	54,277	69	6/ 1/69- 5/31/70	0	QUELL, WILLIAM D LOS ANGELES COUNTY DEPT OF HOSP TERRACET, CALIF PHYSIOLOGY OF GONADAL CONTROL	413	PA
2 R01 02753-C4	31,727	70	1/ 1/70-12/31/72	2	BRENNER, RUREPT P MEDICAL RESEARCH FDN OF OREGON PORTLAND, OREG HORMONAL CONTROL OF UTERINE GROWTH IN RHESUS MONKEY	REL	P3
3 R01 02764-C3	12,845	69	1/ 1/69- 5/31/70	0	GABRIELOFF, J LESTER MT SINAI SCHOOL OF MEDICINE NEW YORK, N Y STUDIES ON TESTICULAR FUNCTION	PT14	PA
S R01 02795-C3	8,937	67	6/ 1/69- 5/31/70	0	AHREN, KURT F GUTENBURG, U OF GOTEBORG, SWEDEN ACTION OF GONADOTROPINS ON OVARIAN CELL METABOLISM	FIR	PP
S R01 02837-C3	24,479	70	8/ 1/69- 7/31/70	0	BEATTY, CLARISSA H MEDICAL RESEARCH FDN OF OREGON PORTLAND, OREG METABOLISM OF UTERINE TISSUES FROM THE RHESUS MONKEY	REL	PA

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5 R01 02851-03	26.445	70	9/ 1/69- 8/31/70	0	DARKER, KENNETH L. NEBRASKA, U OF OMAHA, NEBR	REB	PR
5 R01 02860-03	27.564	69	6/ 1/69- 5/31/70	0	NEURATH, PETER W NEW ENGLAND MEDICAL CTR HOSPITALS BOSTON, MASS	GEN	PR
5 R01 02929-03	24.028	69	5/ 1/69- 4/30/70	0	QUANTITATIVE HUMAN CHROMOSOME STUDY AIDED BY COMPUTER MIDGLEY, A REES JR MICHIGAN, U OF ANN ARBOR, MICH	REB	PR
5 R01 02937-03	19.119	69	6/ 1/69- 5/31/70	0	HUMAN LUTEINIZING HORMONE, NORMAL & ABNORMAL PROFILES REITER, RUSSEL J ROCHESTER, U OF ROCHESTER, N Y	REB	PR
5 R01 02972-03	33.654	70	9/ 1/69- 8/31/72	2	PINEAL-ENDOCRINE RELATIONSHIPS IN RODENTS TIPPER, DONALD J WISCONSIN, U OF MADISON, WIS	BMB	PR
5 R01 02982-03	25.575	69	5/ 1/69- 4/30/70	0	STRUCTURE AND SYNTHESIS OF 8. SPHERICUS CELL WALL ZUCKER, IRVING CALIFORNIA, U OF BERKELEY, CALIF	EPR	PR
5 R01 02998-03	72.836	69	5/ 1/69- 4/30/70	0	REPRODUCTIVE BEHAVIOR, HORMONES AND BRAIN CHEMISTRY VANDER WIELE, RAYMOND L COLUMBIA U NEW YORK, NY	REB	PR
5 R01 02999-03	26.210	69	6/ 1/69- 5/31/70	0	REGULATION OF THE HUMAN MENSTRUAL CYCLE GUNN, SAMUEL A MIAMI, U OF MIAMI, FLA	REB	PK
5 R01 03000-03	34.340	69	5/ 1/69- 4/30/70	0	TRACE PETAL IMBALANCES IN CONTROL OF MALE FERTILITY NAKABAYASHI, NICHOLAS T MICHIGAN, U OF ANN ARBOR, MICH	REB	PR
					IMMUNO-CHEMICAL STUDIES OF SEMINAL PLASMA ANTIGENS		

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5 R01 03002-03	104,937	70	9/ 1/69- 8/31/71	1	FREEDMAN, RONALD MICHIGAN, U OF ANN ARBOR, MICH FERTILITY AND FAMILY PLANNING IN TAIWAN	00R	PR
5 R01 03003-10	51,958	70	1/ 1/70-12/31/72	2	CHANG, MIN CHUEH WORCESTER FUM FOR EXPTL BIOLOGY SHREWSBURY, MASS PHYSIOLOGY OF THE FEMALE TRACT	REB	PR
5 R01 03006-03 3 R01 03006-0351	47,110 18,631	69 70	1/ 1/69- 5/31/70 1/ 1/70- 5/31/70	0 0	QINGMAN, JOSEPH FRANCIS PETER BENT BAIGHAM HOSP BOSTON, MASS NEUROHYPOPHYSIAL FUNCTION IN MAN	CMR	PR
2 P01 03015-03	431,973	69	6/ 1/69- 5/31/74	4	GROBSTEIN, CLIFFORD CALIFORNIA, U OF SAN DIEGO, CALIF PROGRAM FOR DEVELOPMENTAL BIOLOGY AT UCSD	MOBR	PR
5 R01 03039-03	29,160	70	10/ 1/69- 9/30/70	0	HAFS, HAROLO OAVIO MICHIGAN STATE U EAST LANSING, MICH THE CAPACITATION OF SPERMATOZOA IN UTERINE FLUID	REB	PR
5 R01 03043-08	94,271	70	1/ 1/70-12/31/72	2	NALBANDOV, ANDREW V ILLINOIS, U OF URBANA, ILL ENDOCRINOLOGY OF REPRODUCTION OF DOMESTIC ANIMALS	REB	PR
5 R01 03055-09	58,274	70	9/ 1/69- 8/31/72	2	RYAN, KENNETH J CASE WESTERN RESERVE U CLEVELAND, OHIO STEROID HORMONE METABOLISM	REB	PR
5 R01 03071-03	54,141	70	2/ 1/70- 1/31/73	2	BRINSTER, RALPH L PENNSYLVANIA, U OF PHILADELPHIA, PA ENERGY METABOLISM IN PREIMPLANTED MAMMALIAN EMBRYOS	REB	PR
5 R01 03077-03	11,811	70	9/ 1/69- 8/31/70	0	BIGGERS, JOHN O JOHNS HOPKINS U BALTIMORE, MD STUDIES ON THE PHYSIOLOGY OF EARLY PREGNANCY	REB	PR

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GRANT NUMBER	AMARO	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	IRG	PROG
5 R01 03084-02	21,140	69	6/ 1/69- 5/31/71	1	SARTO, GLORIA E WISCONSIN, U OF MADISON, WIS SEX DETERMINATION AND SEX DIFFERENTIATION	GEN	PR
5 R01 03087-02	5,839	69	6/ 1/69- 5/31/71	1	KOERING, MARILYN GEORGE WASHINGTON U	REB	PR
3 R01 03087-0251	644	70	12/ 1/69- 5/31/71	1	WASHINGTON, O C E/M OBSERVATIONS OF OVARIAN STEROID CELLS	REB	PR
5 R01 03097-03	16,921	70	3/ 1/70- 2/28/71	0	JOHNSON, DONALD C KANSAS, U OF KANSAS CITY, KANS FOLLICLE STIMULATING HORMONE CONTROL IN THE MALE	REB	PR
5 R01 03132-02	22,387	69	6/ 1/69- 5/31/71	1	EPSTEIN, CHARLES J CALIFORNIA, U OF SAN FRANCISCO, CALIF PROTEIN AND RNA SYNTHESIS IN MAMMALIAN EMBRYOGENESIS	HEO	PR
5 R01 03142-03	24,108	70	9/ 1/69- 8/31/70	0	MARSH, JOHN M MIAMI, U OF MIAMI, FLA MECHANISM OF ACTION OF LUTEINIZING HORMONE	REB	PR
5 R01 03159-02	32,283	69	5/ 1/69- 4/30/72	2	BAKER, BURTON L MICHIGAN, U OF ANN ARBOR, MICH HYPOPHYSEAL RESPONSE TO ESTROGENS AND PROGESTINS	REB	PR
5 R01 03168-03	12,635	70	9/ 1/69- 8/31/70	0	TREMBLAY, GEORGE C RHODE ISLAND, U OF KINGSTON, R I REGULATION OF PYRIMIDINE BIOSYNTHESIS IN THE RAT	MET	PR
5 R01 03203-02	49,003	69	5/ 1/69- 4/30/71	1	WALKERSTON, IAN O WORCESTER FOR EXPPL BIOLOGY SHREWSBURY, MASS ESTROGEN ACTION IN RAT UTERUS	REB	PR
5 R01 03209-02	16,001	70	11/ 1/69-10/31/71	1	LOTT, DALE F CALIFORNIA, U OF DAVIS, CALIF EXPERIMENTAL FACTORS IN PREGNANCY-BLOCK	EXP	PR

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GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	1% PRC'S
5 R01 03249-13	100,382	70	1/ 1/70-12/31/72	2	SAVARD, KENNETH MIAMI, U OF MIAMI, FLA ACTION OF GONADOTROPINS IN GONADAL TISSUES	END PP
5 R01 03250-03	17,319	70	9/ 1/69- 8/31/70	C	MANDEL, INES COLUMBIA U NEW YORK, N Y THE NATURE AND MODE OF ACTION OF MALUCIDIN	MFJ PH
5 R01 03266-03	17,921	70	3/ 1/70- 2/28/73	2	NELSON, LEONARD MEDICAL COLL OF OHIO AT TILLOU TOLLOU, OHIO SUBMICROSCOPIC BASES OF MALE INFERTILITY	RFJ PH
5 R01 03286-09	60,721	70	1/ 1/70-12/31/70	0	HERRMANN, WALTER L WASHINGTON, U OF SEATTLE, WASH STERILITY IN REPRODUCTIVE-PHYSIOLOGY	END PB
5 R01 03315-03	14,462	70	3/ 1/70- 2/28/71	0	CHANNING, CONNELIA POST PITTSBURGH, U OF PITTSBURGH, PA THE MECHANISM OF LUTEINIZATION IN PRIMATES	MEH PA
5 R01 03324-02	31,243	69	6/ 1/69- 5/31/71	1	BYRD, JEROME M GEORGIA, MEDICAL COLL OF AUGUSTA, GA INHIBITORY CYTOGENETIC EFFECTS IN SPONTANEOUS ABORTION	CLY PA
5 R01 03324-02	45,731	70	12/ 1/69-11/30/70	C	SCOTTA, KARL H MIAMI, U OF MIAMI, FLA HIO-ACTIVE PILAR COMPLEXES FROM VERTEBRATE EMBRYOS	PHR PH
5 R01 03341-02	32,419	69	5/ 1/69- 4/30/71	1	ZAMJANI, LUCIANO LOS ANGELES COUNTY DEPT OF HOSP TORRANCE, CALIF LLECERON MICROSCOPIC STUDIES ON MAMMALIAN SPERM	REH PA
5 R01 03402-03	30,732	70	2/ 1/70- 1/31/71	0	YANAGIMACHI, RYUZO HAWAII, U OF HONOLULU, HAWAII STUDIES ON IN VITRO FERTILIZATION OF RODENT EGGS	RIB PH

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5 R01 03403-02	14,210	69	6/ 1/69- 5/31/71	1	SKREPETOS, CHRIS N SOUTHERN OREGON COLL ASHLAND, OREG EPIIDIOYAL CHOLINESTERASES OF THE RAT	REB	PR
5 P01 03416-03	209,233	T0	3/ 1/70- 2/28/71	0	MOGHISSI, KARRAN S WAYNE STATE U DETROIT, MICH STUDIES ON HUMAN REPRODUCTION AND CONTRACEPTION	HOPR	PR
5 R01 03441-02	136,42T	69	5/ 1/69- 4/30/71	1	LINDER, FORREST E NORTH CAROLINA, U OF CHAPEL HILL, N C MEASUREMENT METHODS FOR POPULATION CHANGE	EOC	PR
1 R01 03460-01 A1	100,231	T0	1/ 1/70-12/31/71	1	REVELLE, ROGER HARVARD U BOSTON, MASS FIELD STUDY OF POPULATION PRESSURE IN INDIA	EDC	PR
5 RQ1 03461-02	6,156	69	5/ 1/69- 4/30/70	0	ABERNATHY, JAMES R NORTH CAROLINA, U OF CHAPEL HILL, N C RANDOMIZED RESPONSE EXPERIMENTS ON ABORTIONS	EDC	PR
5 R01 03462-03	42,702	70	9/ 1/69- 8/31/73	3	ROTH, L EVANS KANSAS STATE U OF AGR & APPLIED SCI MANHATTAN, KANS MICROSCOPY OF MITOTIC CELLS AND MOTILE SYSTEMS	CBY	PR
5 R01 03465-11	34,079	69	6/ 1/69- 5/31/71	1	ZWILLING, EOGAR BRANDEIS U WALTHAM, MASS DEVELOPMENT OF CHICK EMBRYO CELLS AND TISSUES	CBY	PR
5 R01 03466-10	25,273	69	1/ 1/69-12/31/70	0	FREUND, MATTHEW JAY NEW YORK MEDICAL COLL NEW YORK, N Y EFFECT OF X-IRRADIATION ON MALE FERTILITY	REB	PR
5 R01 03470-08	41,139	T0	9/ 1/69- 8/31/70	0	RONDELL, PAUL A MICHIGAN, U OF ANN ARBOR, MICH PHYSIOLOGY OF OVULATION	REB	PR

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5 R01 03471-08	43,935	70	9/ 1/69- 8/31/71	1	FOOTE, ROBERT H CORNELL U ITHACA, N Y MATURATION, METABOLISM AND AGING OF GAMETES	REB	PR
2 R01 03472-08	37,980	70	1/ 1/70-12/31/74	4	CHANG, MIN CHUEH WORCESTER FON FOR EXPTL BIOLOGY SHREWSBURY, MASS PHYSIOLOGY OF MAMMALIAN FERTILIZATION	REB	PR
5 R01 03477-05	26,338	69	6/ 1/69- 5/31/71	1	WESTON, JAMES A CASE WESTERN RESERVE U CLEVELAND, OHIO CONTROL CF CELL BEHAVIOR AND PHENOTYPE IN DEVELOPMENT	MOV	PR
5 R01 03494-03	39,133	70	3/ 1/70- 2/28/71	0	CHARLES, DAVID BOSTON U BOSTON, MASS DEUTERIUM LABELED STEROIDS FOR STUDY IN HUMANS	ENO	PR
5 R01 03516-02	30,050	69	5/ 1/69- 4/30/71	1	HAMNER, CHARLES E VIRGINIA, U OF CHARLOTTESVILLE, VA HORMONAL REGULATION OF SPERM IN THE FEMALE TRACT	REB	PR
5 R01 03519-02 3 R01 03519-0251	11,131 2,038	69 70	5/ 1/69- 4/30/73 1/ 1/70- 4/30/73	3 3	LUYKK, PETER V O MIAMI, U OF CORAL GABLES, FLA CHROMOSOME ORIENTATION AND MOVEMENT IN CELL DIVISION	CBY	PR
5 R01 03527-03	40,190	69	6/ 1/69- 5/31/71	1	RUBIN, BETTY L MT SINAI SCHOOL OF MEDICINE NEW YORK, N Y STEROID 3B-HL- OENYDROGENASE AND OVARIAN SECRETION	REB	PR
5 R01 03548-02 3 R01 03548-0251	4,682 5,106	69 70	5/ 1/69- 4/30/70 12/ 1/69- 4/30/70	0 0	REINKE, DAVID A MICHIGAN STATE U EAST LANSING, MICH EFFECTS OF PROGESTINS ON UTERINE CONTRACTILE ACTIVITY	PHRA	PR
5 R01 03549-02	25,879	69	6/ 1/69- 5/31/71	1	WEIZEL, STANLEY CALIFORNIA, U OF DAVIS, CALIF SPERM ENZYMES IN FERTILIZATION AND SPERM PHYSIOLOGY	REB	PR

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5 R01 03577-02	34,443	70	11/ 1/69-10/31/71	1	GLENN, DANTON L PENNSYLVANIA, U OF PHILADELPHIA, PA DIFFERENTIATION DURING MALE GAMETOGENESIS & FERTILITY	REB	PR
5 R01 03584-02	22,059	69	5/ 1/69- 4/30/70	0	GELLERT, RONALD J PACIFIC NORTHWEST RESEARCH FDN SEATTLE, WASH SITE OF ACTION OF CLOMIPHENE	REB	PR
5 R01 03604-02	37,537	69	6/ 1/69- 5/31/71	1	PRITCHARD, JACK A TEXAS, U OF THE REPRODUCTIVE TRACT AND IRON DEFICIENCY	HEO	PR
5 R01 03619-02	14,340	70	4/ 1/70- 3/31/72	1	LOHER, WERNER J CALIFORNIA, U OF BERKELEY, CALIF ENDOCRINE CONTROL OF SEXUAL BEHAVIOR	EXP	PR
5 R01 03622-02	17,776	69	6/ 1/69- 5/31/71	1	SIEGMAN, MARION J THOMAS JEFFERSON U PHILADELPHIA, PA METABOLISM AND CATION TRANSPORT IN MYOMETRIUM	PHY	PR
5 R01 03623-02	18,686	69	6/ 1/69- 5/31/71	1	BEORFORD, J MICHAEL COLUMBIA U NEW YORK, N Y PHYSIOLOGY AND ULTRASTRUCTURE OF SPERM CAPACITATION	REB	PR
5 R01 03633-02	35,066	70	10/ 1/69- 9/30/73	3	MERTIG, ARTHUR T HARVARD U BOSTON, MASS GROWTH AND DEVELOPMENT IN HUMAN AND PRIMATE OVARIES	REB	PR
5 R01 03726-04	72,448	70	1/ 1/70-12/31/70	0	RYAN, ROBERT J MAYO FDN ROCHESTER, MINN STUDY OF HUMAN PITUITARY GONADOTROPHINS	REB	PR
1 R01 03732-01 A1	16,194	69	5/ 1/69- 4/30/73	3	SPIES, HAROLD GLEN TULANE U NEW ORLEANS, LA HYPOTHALAMO-HYPOPHYSIAL CONTROL OF THE GONAD	REB	PR

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S R01 C3736-17	17,454	70	9/ 1/69- 8/31/72	2	GREER, ROY C HARVARD U BOSTON, MASS CNS PITUITARY OVARY INTERRELATIONSHIPS	PER	PR
S R01 C3752-02	17,329	70	1/ 1/70-12/31/73	3	BLANDAU, RICHARD J WASHINGTON, D OF SEATTLE, WASH STUDIES IN MAMMALIAN REPRODUCTION	AFG	PP
S R01 C3753-02	20,579	70	11/ 1/69-10/31/71	1	INFANTE, ANTHONY A MILLYAN U MIDDLETON, CONN CONTROL OF PROTEIN SYNTHESIS DURING EMBRYOGENESIS	CMV	PR
S R01 C3761-02	36,913	70	2/ 1/70- 1/31/72	1	CANN, ROBERT D WASHINGTON, D OF SEATTLE, WASH DEVELOPMENTAL BIOCHEMISTRY HUMAN & AVIAN EMBRYO CELLS	CMV	PP
S R01 C3769-02	47,912	70	11/ 1/69-10/31/71	1	SOUFART, PIERRE VANDERBILT U NASHVILLE, TENN CAPACITATION OF MAMMALIAN SPERMATOZOA	PER	PR
S R01 C3770-02	26,303	70	11/ 1/69-10/31/71	1	HOSKINS, DALE O MEDICAL RESEARCH FUND OF OREGON PORTLAND, OREG PRIMATE SEMIN AND MALE ACCESSORY GLAND SECTIONS	AFG	PR
S R01 C3797-07	16,173	70	11/ 1/69-10/31/71	1	SCHULTZ, ALLEN W JOHNS HOPKINS U BALTIMORE, MD STUDIES ON THE REGULATION OF OOOGENESIS	REL	PR
S P01 C3803-02	268,534	70	11/ 1/69-10/31/71	1	JACOBSON, ANTOINE G TEXAS, U OF AUSTIN, TEX CONTROL MECHANISMS IN REPRODUCTION AND DEVELOPMENT	REL	PR
S R01 C3813-02	17,233	70	11/ 1/69-10/31/71	1	MILTON, FREDERICK R LOUISVILLE, D OF LOUISVILLE, KY PUBERTY - SEX ACCESSORY SENSITIVITY TO TESTOSTERONE	REL	PP

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5 R01 03620-02	21,973	70	12/ 1/69-11/30/71	1	ORGBIN-CRIST, MARIE-CLAIRE VANDERBILT U NASHVILLE, TENN MALE REPRODUCTIVE PHYSIOLOGY	REB	PR
1 P01 03622-01	131,662	70	1/ 1/70-12/31/72	2	VAN DEPAER, MOLAND L OHIO STATE U COLUMBUS, OHIO ASPECTS OF MALE REPRODUCTION	MOPR	PR
5 R01 03672-02	13,500	70	2/ 1/70- 1/31/72	1	KATHAM, RALPH H ILLINOIS, U OF CHICAGO, ILL PRIMARY STRUCTURE OF PITUITARY GONADOTROPHINS	END	PR
5 R01 03687-02	21,685	70	11/ 1/69-10/31/70	0	MERLIAM, ROBERT WILLIAM NEW YORK, STATE U OF STONY BROOK, N Y PROTEINS INDUCED BY GONADOTROPIC HORMONES IN OOCYTES	REB	PR
5 R01 03909-02	44,390	70	3/ 1/70- 2/29/72	1	STANLEY, ALLAN J OKLAHOMA, U OF OKLAHOMA CITY, OKLA BASIC SCIENCE STUDIES ON INFERTILITY IN RATS	REB	PR
5 R01 03968-10	98,759	70	1/ 1/70-12/31/73	3	KNOBIL, ERNST PITTSBURGH, PA OF PITTSBURGH, PA STUDIES ON REPRODUCTIVE PHYSIOLOGY IN THE MACAQUE	REB	PR
2 R01 03985-02	14,453	70	1/ 1/70-12/31/71	1	RODGERS, CHARLES H IOWA STATE U OF SCIENCE AND TECH AMES, IOWA HORMONAL AND BEHAVIORAL DETERMINANTS OF OVULATION	EXP	PR
1 R01 04005-01	15,666	69	6/ 1/69- 5/31/72	2	BLACK, VIRGINIA H NEW YORK U NEW YORK, N Y CYTODIFFERENTIATION OF STEROID-SECRETING CELLS	REB	PR
5 R01 04015-02	23,886	70	2/ 1/70- 1/31/72	1	BAKER, ROBERT F SOUTHERN CALIFORNIA, U OF LOS ANGELES, CALIF REGULATION OF GENE EXPRESSION IN DEVELOPMENT	GEN	PR

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1 R01 04016-01	21,520	69	6/ 1/69- 5/31/72	2	VOCHIN, JEROME M KANSAS, U OF LAURENCE, KANS PHOTOPERIOD, IMPLANTATION AND PARTURITION	REB	PR
5 R01 04020-02	19,080	70	1/ 1/70-12/31/71	1	SHIVERS, CHARLES A TENNESSEE, U OF KNOXVILLE, TENN IMMUNOPRODUCTION - MECHANISMS OF FERTILIZATION	REB	PR
5 R01 04021-02	13,185	70	2/ 1/70- 1/31/71	0	MEAD, ROONEY ADAIR IDAHO, U OF MOSCOW, IDAHO ROLE OF THE PINEAL GLAND IN DELAYED IMPLANTATION	REB	PR
7 R01 04025-01	21,042	69	9/ 1/68- 8/31/70	0	CHIPMAN, ROBERT K RHODE ISLAND, U OF KINGSTON, RI IMBIBITION OF REPRODUCTION	EXP	PR
5 R01 04064-02	32,833	70	2/ 1/70- 1/31/72	1	JAFFE, ROBERT B MICHIGAN, U OF ANN ARBOR, MICH ROLE OF STEROID SULFATES IN GONADAL TISSUE	END	PH
1 R01 04080-01	13,755	69	6/ 1/69- 5/31/71	1	DAVIDSON, OSCAR W MIAMI, U OF MIAMI, FLA PITUITARY GONADOTROPINS AND TESTICULAR NUCLEIC ACIDS	PEB	PR
1 R01 04081-01	21,514	69	4/ 1/69- 3/31/71	1	FRANKEL, ARTHUR I NEW YORK, STATE U OF BINGHAMTON, NY ROLE OF STEROIDS IN MAMMALIAN EPIDIDYMIS	REB	PR
5 R01 04083-02	64,086	70	1/ 1/70-12/31/73	3	WHITTEN, WESLEY K JACKSON LAB BAR HARBOR, MAINE MAMMALIAN EGGS AND PHEROMONES	REB	PH
1 R01 04102-01	19,819	69	4/ 1/69- 3/31/72	2	O STEEN, W KEITH EMORY U ATLANTA, GA INFLUENCE OF DICHEMIC ANTIGENS OF REPRODUCTIVE FUNCTION	PHRA	PR

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5 R01 04105-02	92,272	70	2/ 1/70- 1/31/74	3	MIDGLEY, A. REES JR MICHIGAN, U OF	REB	PR
1 R01 04108-01	29,600	69	6/ 1/69- 5/31/72	2	ANN ARBOR, MICH ENDOCRINE REGULATION OF REPRODUCTION	EXP	PR
2 R01 04149-02	32,858	70	9/ 1/69- 8/31/74	4	MEYERSON, BENGT UPPSALA, U OF SEX BEHAVIOR AND CENTRAL NERVOUS ACTION OF HORMONES	REB	PR
1 R01 04165-01	45,075	69	6/ 1/69- 5/31/72	2	BRONSON, FRANKLIN H TEXAS, U OF AUSTIN, TEX REGULATION OF REPRODUCTION IN RODENT POPULATIONS	MEQ	PR
7 R01 04169-01	25,006	69	1/ 1/69-12/31/70	0	DANIEL, JOSEPH C JR COLORADO, U OF BOULDER, COLO UTERINE PROTEINS IN MAMMALIAN EMBRYOGENESIS	REB	PR
9 R01 04178-09	52,709	70	9/ 1/69- 8/31/72	2	ARMSTRONG, CAVIO THOMAS WESTERN ONTARIO, U OF LONDON, CANADA HORMONAL CONTROL OF OVARIAN DEVELOPMENT AND FUNCTION	ENO	PR
1 R01 04182-01	16,073	69	6/ 1/69- 5/31/72	2	STEINBERGER, ENIL ALBERT EINSTEIN MEDICAL CTR PHILADELPHIA, PA GONADO-PITUITARY AXIS IN THE RAT	REB	PR
5 R01 04185-02	36,390	70	1/ 1/70-12/31/71	1	PAUERSTEIN, CARL J TEXAS, U OF SAN ANTONIO, TEX ADRENERGIC PHARMACOLOGY OF OVUM TRANSPORT	REB	PR
2 R01 04189-02	12,934	70	10/ 1/69- 9/30/72	2	BIGGERS, JOHN O JOHNS HOPKINS U BALTIMORE, MD STUDIES ON OUGENESIS, CLEAVAGE AND IMPLANTATION	REB	PR
					HONE, GEORGE R MASSACHUSETTS, U OF AMHERST, MASS PHYSIOLOGY OF THE MAMMALIAN OVULATORY		

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2 R01 04195-72	71,742	70	11/ 1/69-10/31/74	4	EIK-NES, KRISTEN R SOUTHERN CALIFORNIA, U OF LOS ANGELES, CALIF STANDARD METABOLISM IN MALE SEX ORGANS IN VIVO	ENH	P/
1 R01 04214-01	35,632	69	5/ 1/69- 4/30/72	2	ARMSTRONG, MURIEL L MICHIGAN, U OF ANN ARBOR, MICH CONTROL OF TRANSCRIPTION DURING SPOOT GERMINATION	PLC	PA
1 R01 04229-71	33,354	69	5/ 1/69- 4/30/72	2	SMITH, L DENNIS PURDUE U LAFAYETTE, IND CYTOPLASMIC REGULATION IN EARLY CELL DIFFERENTIATION	CBY	P/
1 R01 04233-01	15,518	69	5/ 1/69- 4/30/71	1	FRANKLIN, LUTHER F TULANE U NEW ORLEANS, LA FINE STRUCTURE OF CAPACITATION AND FERTILIZATION	REH	P/
1 R01 04234-01	35,601	70	11/ 1/69-10/31/72	2	SODERHALL, A L OREGON, U OF EUGENE, OREG REPRODUCTIVE SENESECE IN THE GOLDEN HAMSTER	PFH	PP
1 R01 04245-01	43,518	69	5/ 1/69- 4/30/72	2	BENNETT, MICHAEL Y YESHIVA U NEW YORK, N Y FUNCTION OF ELECTRICAL COUPLING IN EMBRYONIC TISSUES	CBY	PH
1 R01 04262-01 3 R01 04262-0131	34,913 4,784	69 70	6/ 1/69- 5/31/71 4/ 1/70- 5/31/71	1 1	BEAN, FRANK D TEXAS, U OF AUSTIN, TEX FAMILY AND FERTILITY AMONG MEXICAN-AMERICANS	DSH	PR
1 R01 04290-01	26,813	70	11/ 1/69-10/31/72	2	HAMILTON, DAVID W HARVARD U BOSTON, MASS STRUCTURE AND FUNCTION OF EPIDIDYMS AND VAS DEFERENS	MEH	PA
1 R01 04312-01	27,457	69	6/ 1/69- 5/31/72	2	NEILL, JIMMY DYKE EMORY U ATLANTA, GA THE PHYSIOLOGIC CONTROL OF PROLACTIN SECRETION	REB	PH

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9 R01 04354-19	51,331	70	9/ 1/69- 8/31/72	2	SZEGO, CLARA M CALIFORNIA, U OF LOS ANGELES, CALIF MECHANISMS OF HORMONE ACTION	ENO	PR
9 R01 04367-09	40,780	70	9/ 1/69- 8/31/74	4	MEYER, MARTIN J INST FOR CANCER RESEARCH PHILADELPHIA, PA REGULATION OF RNA & PROTEIN SYNTHESIS IN EMBRYOGENESIS	CBV	PR
1 R01 04375-01	50,684	70	11/ 1/69-10/31/72	2	PLACSEK, BELA E MARQUETTE U MILWAUKEE, WIS THE ROLE OF LIGHT IN CNS-PITUITARY-GONADAL CONTROL	REB	PR
1 R01 04420-01	30,761	70	10/ 1/69- 9/30/72	2	RIGGS, ARTHUR OALE CITY OF HOPE NATIONAL MEDICAL CTR QUARTE, CALIF REPRESSOR PROTEINS IN E COLI AND EUKARYOTIC CELLS	MBC	PR
1 R01 04447-01	78,218	70	10/ 1/69- 9/30/73	2	FEDER, HARVEY HERMAN RUTGERS, THE STATE U NEWARK, N J HORMONAL REGULATION OF BEHAVIOR	REB	PR
1 R01 04471-01	40,645	70	1/ 1/70-12/31/72	2	ELY, CHARLES A COLUMBIA U NEW YORK, N Y IMMUNOLOGICAL PURIFICATION OF GONADOTROPINS	REB	PR
1 R01 04473-01	131,800	70	9/ 1/69- 8/31/74	4	O HALLEY, BERT W VANDERBILT U NASHVILLE, TENN REPRODUCTIVE HORMONES - BIOLOGY AND MOLECULAR ACTIONS	REB	PR
1 R01 04482-01	25,019	70	11/ 1/69-10/31/72	2	ERICKSON, CARL J DUKE U DURHAM, N C ENDOCRINE FACTORS IN THE SOCIAL BEHAVIOR OF ANIMALS	EXP	PR
1 R01 04484-01	16,330	70	11/ 1/69-10/31/72	2	SARFIELD, RONALD J RUTGERS, THE STATE U NEW BRUNSWICK, N J ENDOCRINE & NEURAL BASES OF BEHAVIOR	EXP	PR

NICHHD RESEARCH GRANTS - ACTIVE APRIL 30, 1970  
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GRANT NUMBER	AMARO	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	ING	PROG
1 R01 04502-01	27,481	70	12/ 1/69-11/30/72	2	MICKELSEN, ILAF MICHIGAN STATE U EAST LANSING, MICH OBESITY, WEIGHT REDUCTION & REPRODUCTIVE PERFORMANCE	NTN	PR
1 R01 04522-01	28,367	70	9/ 1/69- 8/31/72	2	AOLER, NORMAN T PENNSYLVANIA, U OF PHILADELPHIA, PA BIO-PSYCHOLOGICAL ASPECTS OF SEX, CYCLICITY & AROUSAL	EXP	PR
1 R01 04543-01	30,037	70	11/ 1/69-10/31/72	2	MILLER, RICHARD LEE TEMPLE U PHILADELPHIA, PA STUDIES ON PRE-FERTILIZATION PHENOMENA IN MYOBLASTS	CHY	PR
1 R01 04569-01	39,577	70	11/ 1/69-10/31/72	2	SCHMICKEL, ROY O MICHIGAN, U OF ANN ARBOR, MICH FRACTIONATION AND QUANTITATION OF THE HUMAN GENE	GEN	PR
7 R01 04592-01	79,345	69	6/ 1/69- 5/31/70	0	WILLIAMS-ASHMAN, HOWARD GUY CHICAGO, U OF CHICAGO, ILL BIOCHEMISTRY OF THE MALE GENITAL TRACT	MET	PR
7 R01 04595-01	30,295	69	6/ 1/69- 5/31/70	0	ACKERMAN, DONALD R CALIFORNIA, U OF LOS ANGELES, CALIF BIOCHEMISTRY OF SUPERCOOLED AND FROZEN HUMAN SEMEN	RFB	PR
1 R01 04602-01	73,896	70	11/ 1/69-10/31/74	4	DAVIS, KINGSLEY CALIFORNIA, U OF BERKELEY, CALIF GOALS AND CONDITIONS OF POPULATION CONTROL	SSS	PR
1 R01 04603-01	12,686	70	11/ 1/69-10/31/71	1	GIBBS, JAMES O EMORY U ATLANTA, GA CONTEXT AND CAUSES OF ILLEGITIMATE BIRTHS	SSS	PR
1 R13 04659-01	1,598	70	12/ 1/69-11/30/70	0	REITER, RUSSEL J AMERICAN SOCIETY OF ZOOLOGISTS ROCHESTER, N Y SYMPOSIUM COMPARATIVE ENDOCRINOLOGY OF THE PINEAL	REN	PR

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GRANT NUMBER	AMARO	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	IRG	PROG
1 R01 04671-01	35,788	70	1/ 1/70-12/31/72	2	MALACINSKI, GEORGE M INDIANA U BLOOMINGTON, IND REGULATION OF GENE ACTION IN EARLY EMBRYOGENESIS	CBV	PR
1 R01 04688-01	22,793	70	1/ 1/70-12/31/71	1	MARO, INGERBURG L VILLANOVA U VILLANOVA, PA EFFECTS OF PREPUPAL STRESS ON ADULT SEXUAL BEHAVIOR	EXP	PR
1 R01 04701-01	83,758	70	12/ 1/69-11/30/74	4	KAFATOS, FOTIS C HARVARD U CAMBRIDGE, MASS STUDIES IN DEVELOPMENTAL BIOLOGY	MBV	PR
1 R01 04702-01	48,344	70	1/ 1/70-12/31/72	2	ROSENBERG, MURRAY O MINNESOTA, U OF ST PAUL, MINN MEMBRANE CHANGES DURING OÖGENESIS AND FERTILIZATION	CBV	PR
1 R01 04714-01	36,034	70	1/ 1/70-12/31/72	2	SCHLAFF, SHELTON THOMAS JEFFERSON U PHILADELPHIA, PA HUMAN CHORIONIC GONADOTROPIN	ENO	PP
1 R01 04738-01	21,744	70	1/ 1/70-12/31/71	1	MORTON, BRUCE HAWAII, U OF HONOLULU, HAWAII MACROMOLECULE SYNTHESIS AND SPERM FUNCTION	REB	PR
1 R01 04767-01	20,818	70	1/ 1/70-12/31/71	1	ECKLUND, PETER S CARLO RUSLANCH CTR OF MICHIGAN DETROIT, MICH MAMMALIAN SPERM NUCLEOPROTEINS AFTER FERTILIZATION	HEO	PR
1 R01 04797-01	21,153	70	1/ 1/70-12/31/72	2	TERHAN, C MICHAEL WILLIAM AND MARY, COLL OF WILLIAMSBURG, VA POPULATION CONTROL, BEHAVIOR, & REPRODUCTIVE INHIBITION	ORA	PM
7 R01 04817-01	23,265	70	9/ 1/69- 8/31/70	0	DRACHMAN, DANIEL BRUCE JOHNS HOPKINS U BALTIMORE, MD NERVE - MUSCLE INTERACTIONS IN EMBRYONIC DEVELOPMENT	PMRA	PM

AMERICAN NICHOL RESEARCH GRANTS - ACTIVE APRIL 30, 1970  
POPULATIONAL RESEARCH

GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	PI, INSTITUTION, LOCATION, PROJECT TITLE	LC	WCC
7 R01 04027-C1	13,195	70	3/ 1/69- 7/31/70	0	ODOR, D LOUISE VIRGINIA COMMONWEALTH U RICHMOND, VA STUDIES ON EARLY REPRODUCTIVE PROCESSES IN MAMMALS	414	PH
1 R01 04028-C1	58,630	70	4/ 1/70- 3/31/75	4	HEDRICK, JIMMY L CALIFORNIA, U OF DAVIS, CALIF A MOLECULAR APPROACH TO FERTILIZATION	PHV	PH
9 R01 04029-C9	47,671	70	1/ 1/70-12/31/74	4	ANDERSON, EVERETT MASSACHUSETTS, U OF AMHERST, MASS STUDIES ON COMPARATIVE CYTOLOGY	CAY	PH
1 R01 05021-C1	18,756	70	1/ 1/70-12/31/72	2	BOON, DONALD A CHILDRENS HOSP OF BUFFALO BUFFALO, N Y AGGRESSIVENESS AND ADRENAL PRODUCTION IN XY PALES	RE4	PH
9 R01 05025-C4	33,212	70	12/ 1/69-11/30/72	2	HAGERMAN, PAUL D DENVER, COLORADO, U OF BIOSYNTHESIS AND ACTION OF FEMALE HORMONES	PHV	P
9 R01 05023-C9	48,585	70	1/ 1/70-12/31/74	4	MORRILL, GENE A YFESHIVA U NEW YORK, N Y LUN TRANSPORT DURING DEVELOPMENT OF R. PIPIENS EGGS	PHV	PH

222 9,382,831 TOTAL RESEARCH GRANTS

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GRANT NUMBER	TOT AMT	FY	GRANT PERIOD	FUT	PRINCIPAL, INSTITUTION, LOCATION, TRAINING AREA	PI	PH
5 T01 00112-10	53,017	69	7/ 1/69- 6/30/70	C	MCG, FLORENCE WASHINGTON U ST LOUIS, MO DEVELOPMENTAL BIOLOGY	6P	PP
5 T01 00113-09	55,153	69	7/ 1/69- 6/30/71	1	LIEBERMAN, SEYMOUR COLUMBIA U NEW YORK, NY EXPERIMENTAL EMBRYOLOGY & DEVELOPMENT	MP	PR
5 T01 00118-09	85,187	69	7/ 1/69- 6/30/71	1	EDDS, MAC V JR BROWN U PROVIDENCE, RI DEVELOPMENTAL BIOLOGY	RP	PR
5 T01 00120-08	171,775	69	7/ 1/69- 6/30/72	2	SINGER, MARCUS CASE WESTERN RESERVE U CLEVELAND, OHIO DEVELOPMENTAL BIOLOGY	RP	PR
5 T01 00122-11	117,136	69	7/ 1/69- 6/30/74	4	ZWILLING, EDGAR BRANDEIS U WALTHAM, MASS DEVELOPMENTAL BIOLOGY	LP	PH
5 T01 00124-08	72,163	69	7/ 1/69- 6/30/72	2	RYAN, KENNETH J CASE WESTERN RESERVE U CLEVELAND, OHIO HUMAN REPRODUCTION	LP	PL
5 T01 00125-08	45,511	61	7/ 1/69- 6/30/70	D	WARKEN, JAMES C KANSAS U OF KANSAS CITY, KANS REPRODUCTION	LP	PH
5 T01 00126-09	81,281	70	1/ 1/70-12/31/73	3	MCTZ, CHARLES B MARINE BIOLOGICAL LAB WOODS HOLE, MASS REPRODUCTIVE PHYSIOLOGY - FERTILIZATION AND GAMETE	MP	PR
5 T01 00127-09	29,680	69	7/ 1/69- 6/30/70	0	ABRAMOFF, PETER MARQUETTE U MILWAUKEE, WIS DEVELOPMENTAL BIOLOGY	RP	PR

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GRANT NUMBER	TOT AND	FY	GRANT PERIOD	FUT	PROG DIR, INSTITUTION, LOCATION, TRAINING AREA	INQ	PROG
5 T01 00028-08	12,636	69	7/ 1/69- 6/30/72	2	BRADBURY, JAMES T IOWA, U OF IOWA CITY, IOWA PHYSIOLOGY OF REPRODUCTION	RP	PR
5 T01 00029-07	41,840	69	7/ 1/69- 6/30/73	3	BOENSTEIN, DIETRICH VIRGINIA, U OF CHARLOTTESVILLE, VA DEVELOPMENTAL PHYSIOLOGY	RP	PR
5 T01 00030-07	87,849	69	7/ 1/69- 6/30/73	3	HOLTZER, HOWARD PENNSYLVANIA, U OF PHILADELPHIA, PA CELL DIFFERENTIATION	RP	PR
5 T01 00032-07	188,676	69	7/ 1/69- 6/30/73	3	BOELL, EDGAR J VALE U NEW HAVEN, CONN DEVELOPMENTAL BIOLOGY	RP	PR
5 T01 00090-05	53,416	69	7/ 1/69- 6/30/71	1	DAVIES, JACK YANDELL U NASHVILLE, TENN DEVELOPMENTAL BIOLOGY	RP	PR
5 T01 00104-05	166,924	69	7/ 1/69- 6/30/70	0	MEYER, ROLAND K WISCONSIN, U OF MADISON, WIS ENDOCRINOLOGY - REPRODUCTIVE PHYSIOLOGY	RP	PR
5 T01 00109-05	131,723	69	7/ 1/69- 6/30/70	0	HARPER, PAUL A JOHNS HOPKINS U BALTIMORE, MD RESEARCH IN POPULATION DYNAMICS	RP	PR
5 T01 00110-05	48,544	69	7/ 1/69- 6/30/71	1	COALE, ANSEL J PRINCETON U PRINCETON, N J SPECIAL TRAINING IN DEMOGRAPHY	RP	PR
5 T01 00130-04	53,069	69	7/ 1/69- 6/30/70	0	MASTROIANI, LUIGI JR PENNSYLVANIA, U OF PHILADELPHIA, PA REPRODUCTIVE BIOLOGY	RP	PR

NICHOL TRAINING GRANTS - ACTIVE APRIL 30, 1970  
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NUMERIC, BY GRANT NUMBER

GRANT NUMBER	TOT AWD	FY	GRANT PERIOD	FUT	PROG DIR, INSTITUTION, LOCATION, TRAINING AREA	IRG	PROG
5 701 00135-04	45,114	69	7/ 1/69- 6/30/71	1	BAND, R NEAL MICHIGAN STATE U EAST LANSING, MICH DEVELOPMENTAL BIOLOGY, INCLUDING ONTOGENY OF BEHAVIOR	RP	PR
5 701 00139-04	186,848	69	7/ 1/69- 6/30/70	0	ROSEMAN, SAUL JOHNS HOPKINS U BALTIMORE, MD DEVELOPMENTAL BIOLOGY	RP	PR
5 701 00140-04	52,994	69	7/ 1/69- 6/30/70	0	WILLIAMS, WILLIAM L GEORGIA, U OF ATHENS, GA BIOCHEMISTRY OF REPRODUCTION	RP	PR
2 701 00152-04	32,112	69	7/ 1/69- 6/30/72	2	KESSEL, RICHARD G IOWA, U OF IOWA CITY, IOWA DEVELOPMENTAL BIOLOGY	RP	PR
5 701 00170-04	44,511	69	7/ 1/69- 6/30/71	1	MAYER, DENNIS J MISSOURI, U OF COLUMBIA, MO REPRODUCTIVE BIOLOGY	RP	PR
5 701 00171-04	76,601	69	7/ 1/69- 6/30/71	1	HANSEL, WILLIAM CORNELL U ITHACA, N Y REPRODUCTIVE PHYSIOLOGY	RP	PR
5 701 00172-04	68,143	69	7/ 1/69- 6/30/70	0	KUNNER, MEREDITH M COLORADO, U OF BOULDER, COLO EMBRYOLOGY & REPRODUCTION	RP	PP
5 701 00173-03	47,163	68	7/ 1/68- 6/30/70	0	OLICFALUSY, EGON RICHARD KAROLINSKA INSTITUTE STOCKHOLM, SWEDEN HUMAN REPRODUCTIVE ENDOCRINOLOGY	RP	PR
5 701 00174-04	168,360	69	7/ 1/69- 6/30/71	1	SWIFT, HEWSON H CHICAGO, U OF CHICAGO, ILL BASIC CYTOLOGY	RP	PR

NUMERIC, BY GRANT NUMBER NICHOL TRAINING GRANTS - ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

GRANT NUMBER	TOT AWO	FY	GRANT PERIOD	FUT	PROG DIR, INSTITUTION, LOCATION, TRAINING AREA	IRG	PROG
5 T01 00181-04	35,200	69	7/ 1/69- 6/30/71	1	MALBANDY, ANDREW V ILLINOIS, U OF URBANA, ILL ENDOCRINOLOGY & PHYSIOLOGY OF REPRODUCTION	RP	PR
5 T01 00184-03	37,507	69	7/ 1/69- 6/30/72	2	MELAMPY, ROBERT M IOWA STATE U OF SCIENCE AND TECH AMES, IOWA REPRODUCTIVE ENDOCRINOLOGY	RP	PR
5 T01 00187-03	42,959	69	7/ 1/69- 6/30/72	2	IVERSUN, RAY M MIAMI, U OF CORAL GABLES, FLA QUANTITATIVE ORGANISMIC BIOLOGY	RP	PR
5 T01 00191-03	74,264	69	7/ 1/69- 6/30/72	2	STYCOS, J MAYONE CORNELL U ITHACA, N Y TRAINING IN INTERNATIONAL POPULATION RESEARCH	OR	PR
5 T01 00192-03	53,497	69	7/ 1/69- 6/30/72	2	WHITNEY, VINCENT H PENNSYLVANIA, U OF PHILADELPHIA, PA DEMOGRAPHY	RP	PR
5 T01 00193-03	215,139	69	7/ 1/69- 6/30/72	2	FREYHANN, MOYE W NORTH CAROLINA, U OF CHAPEL HILL, N C POPULATION STUDIES - ANTHROPOLOGY	RP	PR
5 T01 00204-03	48,536	69	7/ 1/69- 6/30/72	2	BLACK, DONALD L MASSACHUSETTS, U OF AMHERST, MASS MAMMALIAN REPRODUCTION	RP	PR
5 T01 00211-03	155,539	69	7/ 1/69- 6/30/70	0	STERN, HERBERT CALIFORNIA, U OF SAN DIEGO, CALIF DEVELOPMENTAL BIOLOGY	RP	PR
5 T01 00217-02	84,982	69	7/ 1/69- 6/30/73	3	MOTILZ, HERBERT M BOSTON, MASS PHYSIOLOGICAL AND BIOCHEMICAL BASIS OF REPRODUCTION	RP	PR

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GRANT NUMBER	TOT AMT	FY	GRANT PERIOD	FUT	PRG DIR, INSTITUTION, LOCATION, TRAINING AREA	ING	PP/UC
5 T01 00233-02	31,720	69	7/ 1/69- 6/30/73	3	BRINSTER, RALPH L PENNSYLVANIA, U OF PHILADELPHIA, PA REPRODUCTIVE PHYSIOLOGY	MP	PH
5 T01 00260-02	75,073	69	7/ 1/69- 6/30/73	3	WHITELEY, ARTHUR H WASHINGTON, U OF SEATTLE, WASH INTERDISCIPLINARY TRAINING IN DEVELOPMENTAL BIOLOGY	PP	PH
9 T01 00272-05 A2	71,977	70	1/ 1/70- 6/30/73	2	HEERMANN, WALTER L WASHINGTON, U OF SEATTLE, WASH ENDOCRINOLOGY OF REPRODUCTION	MDPA	PP
1 T01 00276-01	95,474	69	7/ 1/69- 6/30/73	3	BOGUE, DONALD J CHICAGO, U OF CHICAGO, ILL SOCIAL SCIENCE ASPECTS OF FERTILITY & FAMILY PLANNING	MP	PH
1 T01 00292-01	104,868	69	7/ 1/69- 6/30/74	4	LLOYD, CHARLES W WORCESTER FOR EXP'L BIOLOGY SHRIMSBURY, MASS PHYSIOLOGY OF REPRODUCTION	RP	PH
1 T01 00293-01	51,351	69	7/ 1/69- 6/30/74	4	THOMAS, ROBERT C DE PAUL U CHICAGO, ILL HORMONAL REGULATION OF ORGANISMIC-CELLULAR ACTIVITY	RP	PH
1 T01 00297-01	106,702	69	7/ 1/69- 6/30/74	4	MUSCONA, ARON ARTHUR CHICAGO, U OF CHICAGO, ILL DEVELOPMENTAL BIOLOGY	RP	PH

43 3,504,401 TOTAL TRAINING GRANTS

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NUMERIC, BY GRANT NUMBER

GRANT NUMBER	AAAU	SU	FV	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	FOU	MACG
1 F33 01662-01	19,088	1,000	69	9/ 2/69- 9/ 1/70	0	LIPNER, HARRY GRIFF, ROY C HARVARD U BOSTON, MASS MECHANICS OF PAPILLARY INVOLUTION	FYS	P7
1 F33 03707-01	17,104	1,000	69	7/ 2/69- 7/ 1/70	0	MUTTER, N KAYLE FELL, MONOR O STRANGLAWS RESEARCH LAB CAMBRIDGE, ENGLAND CELL ENVIRONMENTAL FACTORS AFFECTING METAPLASIA	APA	P4
1 F33 07632-01 3 F33 07632-1151	7,541 1,023	1,000	69 70 69	5/ 4/69- 9/ 7/70 9/ 4/69- 9/ 7/70 9/ 4/69- 9/ 7/70	0 0 0	CULPIN, JOHN R STEIN, HERBERT CALIFORNIA, U CF SAN DIEGO, CALIF ANALYSIS OF DNA SYNTHESIZED DURING MEIOTIC PROPHASE	CELL	P4
1 F33 20650-01	12,404	1,000	69	1/ 1/69- 5/31/70	3 MO	CLONING, GARRETT C SEHR-JOHANSSON, ARNE OSLO, U CF OSLO, NORWAY SOCIAL BEHAVIOR AND POPULATION ECOLOGY OF LEMMINGS	CELL	P7
1 F33 13454-02	10,026	1,000	69	9/ 1/69- 2/31/70	0	BARWACLOUGH, CHARLES A MARTINI, LULIANO MILAN, U CF CENTRAL ITALY REGULATION OF REPRODUCTION	PE	P2
5 F33 14733-02	12,209	1,000	69	5/ 1/69- 4/30/70	0	GLEDHILL, DANTON L MARSHAK, ROBERT R PENNSYLVANIA, U OF PHILADELPHIA, PA NORMAL AND PATHOLOGICAL BIOCHEMISTRY OF MALE GAMETES	APH	PR
1 F33 19799-01	9,781	1,000	69	7/ 1/69- 6/30/70	1	OIEBSCHKE, DONALD J KNOBL, ERNST PITTSBURGH, U OF PITTSBURGH, PA ENDOCRINE REGULATION OF REPRODUCTION IN THE MONKEY	PE	PR

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GRANT NUMBER	AWARD	SG	FY	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	IRG	PROG
5 F02 20805-02	6,500	1,000	70	2/ 1/70- 1/31/71	0	OTAKOV, CAROL A KOMISARUK, BARRY RICHARD RUTGERS, THE STATE U NEWARK, N J NEUROPHYSIOLOGY OF SENSORY CONTROL OF HORMONE RELEASE	PS	PR
1 F03 21671-01	15,429		69	9/ 1/69- 8/31/70	0	MC KERNS, KENNETH M VILLER, CLAUDE A JR HARVARD U BOSTON, MASS ACTH ACTIVATION OF GLUCOSE-6-P DEHYDROGENASE	PE	PR
1 F02 24170-01	6,641	1,000	69	10/ 1/69- 9/30/70	0	CALABRO, PATRICIA O STOLLOSI, DANIEL G WASHINGTON, U OF SEATTLE, WASH PREIMPLANTATION DEVELOPMENT IN MAMMALS	APA	PR
1 F02 24370-01	6,039	1,000	69	9/ 4/69- 9/ 3/70	1	COHEN, ALAN M HAY, ELIZABETH O HARVARD U BOSTON, MASS REGULATION OF GRANULE ONTOGENY IN NEURAL CREST CELLS	APA	PR
1 F02 29691-01	6,150	1,000	69	9/ 1/69- 8/31/70	1	NUMENWIRTH, MARION R MC CARTHY, BRIAN J WASHINGTON, U OF SEATTLE, WASH CONTROL OF RNA SYNTHESIS DURING EMBRYONIC DEVELOPMENT	BNB	PR
7 F03 30823-02	9,227	1,000	70	10/ 1/69- 9/30/70	0	HELL, ERIC B HOWARD, J G WELLCOME RESEARCH LABORATORIES BECKENHAM, KENT, ENGLAND ORIGINS AND IMMUNOLOGICAL ASPECTS OF MACROPHAGES	APA	PR
1 F02 31604-01	6,275	1,000	69	10/ 1/69- 9/30/70	1	KLEIMAN, DEVRA G ROSENBLATT, JAY RUTGERS, THE STATE U NEWARK, N J GONADAL HORMONES AND SEX DIFFERENCES IN RAT BEHAVIOR	MTLH	PR

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GRANT NUMBER	AWARD	SG	FY	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	IRG	PROG
1 F02 31695-01	7,183		69	8/ 1/69- 7/31/70	1	ZIRKIN, HARRY R WILFE, STEPHEN L CALIFORNIA, U OF DAVIS, CALIF	APA	PR
		1,000	69	8/ 1/69- 7/31/70		FINE STRUCTURE AND CHEMICAL COMPOSITION OF NUCLEI		
3 F02 32621-01A1S1	500		70	9/ 1/69- 8/31/70	0	GULYAS, BILA	APA	PR
1 F02 32621-01 A1	8,200		69	9/ 1/69- 8/31/70	0	SZOLLOSI, DANIEL G WASHINGTON, U OF SEATTLE, WASH		
		1,000	69	9/ 1/69- 8/31/70		ANNULAE LAPPELLAE IN PREIMPLANTATION EMBRYOS		
1 F02 34396-01	6,590		69	9/18/69- 9/17/70	1	OKERHOLM, RICHARD A WUJIZ, HERBERT H BOSTON, MASS	BNB	PR
		1,000	69	9/18/69- 9/17/70		NEW METHODS OF ISOLATION OF STERNIO CONJUGATES		
1 F02 35577-01	6,000		69	9/15/69- 9/14/70	1	GOODMAN, DAVID WILSON, A C CALIFORNIA, U OF BERKELEY, CALIF	RNB	PR
		1,000	69	9/15/69- 9/14/70		AMINO ACID SEQUENCE AND IMMUNOLOGICAL CROSS-REACTION		
5 F02 36050-02	7,500		70	9/ 1/69- 8/31/70	3	HOFFMAN, ICHEN M DAVIS, JACK VANDERBILT U NASHVILLE, TENN	APA	PR
		1,000	70	9/ 1/69- 8/31/70		LUTEOTROPIC FUNCTION OF THE GUINEA PIG PLACENTA		
9 F02 36162-03 A1	10,000		69	7/ 1/69- 6/30/70	0	LONGG, FRANK J ANDERSON, EVERETT MASSACHUSETTS, U OF AMHERST, MASS	APA	PR
		1,000	69	7/ 1/69- 6/30/70		CUMPARATIVE STUDY OF PRONUCLEAR DEVELOPMENT & FUSION		
1 F02 36866-C1	6,753		69	9/ 1/69- 8/31/70	1	MITCHELL, JERRY A CATTIGLION, VAUGHN RAYLON, U	PF	PP
		1,000	69	9/ 1/69- 8/31/70		MUSCULIN, TEX NEURAL REGULATION OF ANTERIOR PITUITARY		

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GRANT NUMBER	AWARD	SG	FY	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	IRG	PROG
5 F03 36949-02	10,350	1,000	70	8/1/69-7/31/70	1	MUNDIGO, AXEL I STYGOS, J MAYONE CURNELL U ITHACA, N Y	NPR	PR
1 F02 37428-01	8,092		69	12/1/69-11/30/70	1	CUELLAR, ORLANDO TINKLE, DONALD W MICHIGAN, U OF ANN ARBOR, MICH	CELL	PR
5 F03 38208-02	13,350	1,000	70	8/1/69-7/31/70	0	NAFTOLIN, FREDERICK HARRIS, GUEFFREY W OXFORD, U CE OXFORD, ENGLAND	PE	PR
5 F03 39088-02	10,400	1,000	70	9/1/69-8/31/70	0	HEMAREE, WYLIE C LIEBERMAN, SEYMOUR COLUMBIA U NEW YORK, N Y	CR	PR
1 F02 39936-01 3 F02 39936-01S1	8,150 481	1,000	68 70 68	5/1/69-4/30/70 5/1/69-4/30/70 5/1/69-4/30/70	0 0 0	ROSLING, MIRIAM R BUELL, EDGAR J YALE U NEW HAVEN, CONN	BNR	PR
1 F02 39957-01	7,620	1,000	69	6/1/69-5/31/70	1	JOHNSON, BRYAN H EWING, LARRY LARUE OKLAHOMA STATE U OF AGR & APPL SCI STILLWATER, OKLA	FYS	PR
5 F02 40435-02	7,000		70	4/28/70-4/27/71	0	ANDROGEN SECRETION IN PERFUSO TESTIS IN VITRO GREENHOUSE, GERALD A GROSS, PAUL R MASSACHUSETTS INST OF TECHNOLOGY CAMBRIDGE, MASS	APA	PR

YOLK UTILIZATION AND PROTEIN SYNTHESIS IN DEVELOPMENT

NICHO FELLOWSHIPS - ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

NUMERIC, IV GRANT NUMBER

GRANT NUMBER	ABAND	SG	FV	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	ING	PKCG
5 F02 40645-02	8, 100		69	7/ 8/69- 1/ 7/70	0	CLARK, JAMES HENRY GORSKI, JACK ILLINOIS, U OF URBANA, ILL THE ONTOGENY OF THE UTERINE RESPONSES TO ESTRONE	PE	PM
1 F03 40666-01	9, 100		70	1/ 2/70- 1/ 1/71	1	EKLUND, PETER S LEVINE, LAURENCE WAYNE STATE U DETROIT, MICH MAMMALIAN SPERM NUCLEOPROTEINS AFTER FERTILIZATION	NPR	PA
1 F02 41455-01 A1	6, 122		69	10/20/69-10/19/70	1	AUERBACH, SUSAN GROSS, PAUL R MASSACHUSETTS INST OF TECHNOLOGY CAMBRIDGE, MASS MAMMALIAN GASTRULATION-ENZYMES AT IMPLANTATION	NPA	PM
1 F02 41481-01	6, 100		69	6/ 1/69- 7/31/70	1	GAMMA, ELFRIDE I PRESCOTT, DAVID M COLUMBIA, U OF Boulder, COLO CELL CYCLE SUBSECTIONS IN EARLY MAMMALIAN DEVELOPMENT	APA	PA
1 F02 41495-01 3 F02 41495-01S1	7, 166 343		69	5/ 8/69- 9/ 7/70 70 1/ 1/70- 9/ 7/70 69 5/ 8/69- 9/ 7/70	0 0 0	GRAMHOLM, NELS H TRINKAUS, J P YALE U NEW HAVEN, CONN MECHANISM OF GASTRULATION IN THE AVIAN EMBRYO	APA	PS
3 F02 41719-02	8, 100		70	1/ 1/70-12/31/70	0	TYREY, E LEE EVERETT, JOHN W DUKE U DURHAM, N C NEURAL REGULATION OF OVULATION	PE	PP
5 F02 42110-02	7, 500		70	1/ 6/70- 1/ 5/71 1, 000 70 1/ 6/70- 1/ 5/71	0	PENHOET, EDWARD E MCLAND, JOHN CALIFORNIA, U OF SAN DIEGO, CALIF MAMMALIAN CELL TRANSFER RNA	BMA	PS

NICHD FELLOWSHIPS - ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

GRANT NUMBER	AWARD	SG	FY	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	IRG	PROG
1 F02 42180-01	7,385	1,000	69	6/ 1/69- 5/31/70	0	GOLOSTON, RICHARD T BELL, J THOMAS JR GEORGIA, U OF ATHENS, GA COMPARATIVE ANGIOMATOMICAL STUDY OF THE PENIS	APA	PR
1 F03 42266-01	11,080		69	10/ 1/69- 9/30/70	1	POSENBERG, HARRY M	8EHA	PR
3 F03 42266-0131	120		70	10/ 1/69- 9/30/70	1	PETERSON, WILLIAM OHIO STATE U		
	1,000		69	10/ 1/69- 9/30/70		COLUMBUS, OHIO FACTORS RELATED TO LABOR FORCE PARTICIPATION OF WOMEN		
1 F02 42436-01	9,000		69	7/ 1/69- 6/30/70	1	ORFENBER, WAYNE O	PE	PP
	1,000		69	7/ 1/69- 6/30/70		MAIST, MARKED DAVIO MICHIGAN STATE U EAST LANSING, MICH RELATIONSHIP OF PITUITARY TO TESTICULAR FUNCTION		
1 F02 42631-01	6,636		69	8/16/69- 8/15/70	0	QUADACNO, DAVIO M	PE	PR
3 F02 42631-0131	500	1,000	70	8/16/69- 8/15/70	0	GORSKI, ROGER A CALIFORNIA, U OF LOS ANGELES, CALIF NEONATAL HORMONE INJECTIONS - EFFECT ON RAT BEHAVIOR		
5 F02 42795-02	7,000		70	4/ 1/70- 3/31/71	0	GOLDMAN, BRUCE O MC CANN, SAMUEL M CALIFORNIA, U OF LOS ANGELES, CALIF LOCALIZATION OF NEURAL CONTRL OF FSH AND LH RELEASE	PE	PR
5 F02 42801-02	7,500	1,070	70	3/ 1/70- 2/28/71	0	SMITH, TEMPLE F ULAM, STANISLAW M COLORADO, U OF DENVER, COLO GENETIC BIOMATHEMATICAL ANALYSES	BPOC	PP
1 F02 42803-01	6,048	1,000	69	9/ 1/69- 8/31/70	1	GAGE, LEONARD P BROWN, DONALD O CARNEGIE INSTN OF WASHINGTON D C BALTIMORE, MD DIFFERENTIATION - SPECIFIC GENE AMPLIFICATION	BMB	PR

MICRO FELLOWSHIPS - ACTIVE APRIL 30, 1970  
NUMERIC, BY GRANT NUMBER

GRANT NUMBER	AWARD	SG	FV	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	IRG	PHUG
1 F03 42915-01	10,026		69	8/22/69- 8/21/70	0	GAWIENUNSKI, ANTHONY M TULLNER, WILLIAM W NATIONAL INST OF NEALTN BETHESDA, MD STEROID BIOSYNTHESIS - AFFECTS ON NON-HORMONAL AGENTS	BH8	PR
1 F02 42954-01	6,000		69	9/ 1/69- 8/31/70	0	RUSS, MARGARET J MELLUM, DEFOREST JR VIRGINIA, U OF CHARLOTTESVILLE, VA MICROTUBULES IN DEVELOPMENT	APA	PR
5 F02 43058-02	7,000	1,000	69	9/ 1/69- 8/31/70	0	NIECE, RONALD L FITCH, WALTER M WISCONSIN, U OF MAISON, WIS CYTOCHROME STRUCTURE AND VERTEBRATE EVOLUTION	CELL	PR
5 F03 43113-02	10,600		70	3/ 1/70- 2/28/71	0	KIMBERLING, WILLIAM J KULER, ROBERT O OREGON, U OF PORTLAND, OREG USE OF COMPUTERS IN POPULATION GENETICS	STAT	PR
1 F03 43230-01	7,450	1,000	69	5/ 1/69- 4/30/70	1	WATSON, JOHN T MC CANN, SAMUEL M TEXAS, U OF DALLAS, TEX SYSTEMS ANALYSIS OF GONADOTROPIN REGULATION	PE	PR
1 F03 43252-01	10,280	1,000	69	9/ 8/69- 9/ 7/70	0	ERICKSON, ROBERT P MITCHELSON, N A FEDICAL RESEARCH COUNCIL LUNNUN, ENGLAND MOUSE SPERM ANTIGENS AND THE T-ALLELE PRODUCT	MCJW	PR
1 F02 43413-C1 3 F02 43413-0131	6,408 450	1,000	69 70 69	9/ 4/69- 9/ 3/70 3/23/70- 9/ 3/70 9/ 4/69- 9/ 3/70	1 1	GAMUELMAN, RONALD J DENNERBERG, VICTOR M CONNECTICUT, U OF STORRS, CONN INFANTILE ISOLATION AND SEXUAL AND MATERNAL BEHAVIORS	PS	PR

NICHOL FELLOWSHIPS - ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

GRANT NUMBER	ANARO	SG	FY	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	IRG	PROG
1 F02 43787-01	6.534		69	5/ 1/69- 8/31/70	1	EVANS, HERBERT J MILL, ROBERT L DUKE U OURHAM, N C STUDY OF GALACTOSYLTRANSFERASE OF LACTOSE SYNTHETASE	8NA	PR
1 F02 43928-01 3 F02 43928-01S1	7.520 31		69 70	7/ 1/69- 6/30/70 7/ 1/69- 6/30/70	1 1	LEE, CHUNG JACOBSON, HERBERT I UNION U ALBANY, N Y MECHANISM OF ESTROGEN ACTION IN THE HUMAN UTERUS	PE	PR
1 F02 44623-01	8.123		69	5/ 2/69- 9/ 1/70	C	GARNER, QUANE L SALISHUKY, G W ILLINOIS, U OF URBANA, ILL THE INFLUENCE OF STORAGE ON THE SPERMATOZOON ACROSOME	FYS	PR
1 F03 44683-01	1.272		69	9/ 1/69- 8/31/70	0	LOOGE, JAMES R FECHHEIMER, N S OHIO STATE U COLUMBUS, OHIO POSSIBLE CHROMOSOMAL ABERRATIONS FROM AGING GANETES	CELL	PR
1 F02 45021-01	6.157		70	10/ 1/69- 9/30/70	1	DAVIO, JOHN O RUTTER, WILLIAM J CALIFORNIA, U OF SAN FRANCISCO, CALIF EPISOMAL GENES AND DIFFERENTIATION OF THE PANCREAS	BNB	PR
1 F02 45354-01	6.073		70	4/ 6/70- 4/ 5/71	1	KATZENELLENBOGEN, BENITA S GORSKI, JACK ILLINOIS, U OF URBANA, ILL STUDIES ON UTERINE ESTROGEN RECEPTORS	PE	PR
1 F03 45487-01	9.405		70	12/15/69-12/14/70	2	MC DONALD, DONALD M GOLOFTEN, ALAN CALIFORNIA, U OF SAN FRANCISCO, CALIF ULTRASTRUCTURE AND FUNCTION OF OVARIAN INNERVATION	APA	PR

NICHD FELLOWSHIPS - ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

NUMERIC, BY GRANT NUMBER

GRANT NUMBER	AWARD	SY	FY	GRANT PERIOD	FUT	FELLOW, SPONSOR, INSTITUTION, LOCATION, PROJ TITLE	INS	PMCG
1 F02 45524-01	6,155	1,615	7C	1/ 1/70-12/31/70	1	ERNST, VALERIE V SZOLLOSI, DANIEL G WASHINGTON, U OF SEATTLE, WASH A COMPARATIVE STUDY OF FOG MATURATION	APA	PA
1 F02 45022-01	6,316	1,636	7C	1C/ 1/69- 9/30/73	1	KUN, THOMAS S GOMSKI, JACK ILLINOIS, U OF URBANA, ILL CHARACTERIZATION & LOCALIZATION OF ESTROGEN RECEPTOR	PE	PA
1 F02 45041-01	7,393	1,633	7C	3/ 1/70- 2/28/71	1	GANILL, RUBIN F LINHUSLY, DAN L CALIFORNIA, U OF SAN DIEGO, CALIF THE GENETIC CONTROL OF SPERM FUNCTION	CILL	PA

54 506,986 TOTAL FELLOWSHIPS 52 52,000 TOTAL SUPPLY GRANTS

NICHD RESEARCH CAREER PROGRAMS — ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

NUMERIC, BY GRANT NUMBER

GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	RCF AWARD	INSTITUTION, LOCATION, RESEARCH TITLE	TAG	FIG
5 K33 0777-09	24,197	69	7/ 1/69- 6/30/70	1		MOLTZER, HOWARD PENNSYLVANIA, U-OF PHILADELPHIA, PA ANALYSIS OF MYOGENESIS AND CHONDROGENESIS	RP	PR
5 K33 05150-14	21,998	69	7/ 1/69- 6/30/70	1		LASH, JAMES A PENNSYLVANIA, U OF PHILADELPHIA, PA ANALYSIS OF CHONDROGENESIS	RP	PR
1 K04 07391-01	19,256	70	1/ 1/70-12/31/70	4		TEPMAN, C RICHARD WILLIAM AND MARY, COLL OF WILLIAMSBURG, VA POPULATION CONTROL, BEHAVIOR, & REPRODUCTIVE IMPLICATION	MUPA	PR
2 K33 09331-06	15,724	70	1/ 1/70-12/31/70	4		ERDMAN, LEE ROCKFELLER U NEW YORK, N Y POPULATION FITNESS - GENIC & CYTOPLASMIC INTERACTIONS	RP	PR
1 K04 09477-11	22,000	70	1/ 1/70-12/31/70	4		MENAKER, MICHAEL TEXAS, U OF AUSTIN, TEX RHYTHMS, PHOTORECEPTION AND REPRODUCTIVE CONTROL	PUPA	PR
5 K33 11171-03	18,405	69	7/ 1/69- 6/30/70	2		DAVENPORT, GUY ROSEMAN VANDERBILT U NASHVILLE, TENN DEVELOPMENTAL PHYSIOLOGY AND ENDOCRINOLOGY	RP	PR
5 K33 14119-09	30,645	69	7/ 1/69- 6/30/70	1		ROSE, S MARYL TULANE U NEW ORLEANS, LA CONTROL OF GROWTH AND DIFFERENTIATION	RP	PR
5 K03 15780-08	22,950	69	7/ 1/69- 6/30/70	2		GREGG, JAMES HENDERSON FLORIDA, U OF GAINESVILLE, FLA CELL INTERACTIONS IN SLIME MOLDS DURING MORPHOGENESIS	RP	PR
5 K33 16415-03	23,070	69	7/ 1/69- 6/30/70	2		WAGNER, JACKSON W DAYLOR U HOUSTON, TEX SEXUAL DIFFERENTIATION OF NEUROENDOCRINE SUBSTRATES	RP	PR

NATIONAL RESEARCH CAREER PROGRAMS - ACTIVE APRIL 30, 1970  
 NUMERIC, BY GRANT NUMBER

GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	RCP AWARD	INSTITUTION, LOCATION, RESEARCH TITLE	IRG	PROG
5 K06 18334-08	30,456	69	9/ 1/69- 4/30/70	2	CHANG, MIN CHUEH WORCESTER FDN FOR EXPTL BIOLOGY SHREWSBURY, MASS	FERTILIZATION OF MAMMALIAN EGGS	NR	PR
2 K03 22888-06	29,110	69	7/ 1/69- 6/30/70	4	WARREN, JAMES C KANSAS, U OF KANSAS CITY, KANS	BIOSYNTHESIS, TRANSPORT AND ACTION OF SEX STEROIDS	RP	PR
5 K03 31812-04	30,415	69	7/ 1/69- 6/30/70	1	MIDGLEY, A REES JR MICHIGAN, U OF ANN ARBOR, MICH	HUMAN GONADOTROPINS - MOLECULAR BIOLOGICAL STUDIES	RP	PK
1 K04 36557-01	15,000	70	9/ 1/69- 8/31/70	4	HINSCH, GERTRUDE WILMA MIAMI, U OF CORAL GABLES, FLA	REPRODUCTIVE CYCLES IN CRUSTACEANS	RP	PR
5 K03 38630-03	28,172	70	1/ 1/70-12/31/70	2	BROWN, DAVID M MINNESOTA, U OF MINNEAPOLIS, MINN	HORMONAL CONTROL OF PROTEIN METABOLISM & DEVELOPMENT	RP	PR
5 K03 38642-03	21,190	70	1/ 1/70-12/31/70	2	CUFFEY, DONALD S JUNIOR, KUPKINS U BALTIMORE, MD	BIOCHEMICAL REGULATION OF PROSTATIC GROWTH	KP	PN
5 K03 38656-03	18,721	70	1/ 1/70-12/31/70	2	BARKER, KENNETH L NEBRASKA, U OF OMAHA, NEBR	HORMONAL CONTROL MECHANISMS IN THE MAMMALIAN UTERUS	RP	PR
5 K04 38882-02	15,015	69	7/ 1/69- 6/30/70	3	URGEBIN-CRIST, MARIE-CLAIRE VANDERBILT U NASHVILLE, TENN	MALE REPRODUCTIVE PHYSIOLOGY	KP	PR
5 K04 42369-02	18,000	70	1/ 1/70-12/31/70	3	HARDER, MICHAEL J K WORCESTER FDN FOR EXPTL BIOLOGY SHREWSBURY, MASS	PHYSIOLOGY OF PREIMPLANTATION STAGES OF PREGNANCY	RP	PR

NICHO RESEARCH CAREER PROGRAMS - ACTIVE APRIL 30, 1970  
POPULATION RESEARCH

NUMERIC. BY GRANT NUMBER

GRANT NUMBER	AWARD	FY	GRANT PERIOD	FUT	RCP AWARD	INSTITUTION, LOCATION, RESEARCH TITLE	IRG	PROG
1 K04 42398-01	15,500	69	7/ 1/69- 6/30/70	4	REITER, RUSSEL J ROCHESTER, U OF ROCHESTER, N Y PINEAL-HYPOTHALAMIC RELATIONSHIPS	RP	PR	
5 K04 42413-02	18,690	70	4/ 1/70- 3/31/71	3	ZUCKER, IRVING CALIFORNIA, U OF BERKELEY, CALIF NEURO-ENDOCRINE BASIS OF REPRODUCTIVE BEHAVIOR	RP	PR	
1 K04 42549-01	20,000	69	7/ 1/69- 6/30/70	4	SMITH, L DENNIS PURDUE U LAFAYETTE, IND NUCLEO-CYTOPLASMIC INTERACTIONS IN DEVELOPMENT	RP	PR	
1 K04 46251-01	17,000	70	1/ 1/70-12/31/70	4	HAMILTON, DAVID W HARVARD U BOSTON, MASS HISTOPHYSIOLOGY AND BIOCHEMISTRY OF THE EPIIDYMIS	HOPR	PR	

483,325 TOTAL CAREER GRANTS

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Mr. ROGERS. Let me ask you this: What work is being done now, or what research, to provide better methods and a better system of reaching people in need of family planning services?

From what I understand, this is one of the biggest problems we have, trying to get participation and a significant continuation of participation.

Could you comment briefly on that for us?

Secretary RICHARDSON. This, of course, would be the area of research within the jurisdiction of the National Center for Family Planning Services as distinguished from the research being carried out in the center for population research at NIH.

Mr. ROGERS. Perhaps you could give us something for the record on that; if you would like.

Secretary RICHARDSON. We do have some information. The total for last year was about \$1.25 million, and would go up to over \$2 million this year. We would be glad to supply for the record at this point a brief description of the projects that have been funded, and something to indicate what priorities would be as we foresee them.

Mr. ROGERS. Any approaches that you think offer some real successful methods.

I understand there is a program in Louisiana that is fairly impressive, run by a Dr. Beasley, which the Department supports.

Dr. EGERBERG. Yes, sir.

(The following information was received for the record:)

**OPERATIONAL RESEARCH PROJECTS RELATED TO FAMILY PLANNING FUNDED BY HSMHA—FISCAL YEAR 1970**

- H-168-1: Family Planning: Clinic and Cost Evaluation  
Planned Parenthood—World Population, New York, N.Y. Snyder, Eleanor M., Fiscal Year 1970, \$186,390. Began July 1968.
- H-273: Family Planning Approaches Among "High Risk" Females  
Wake Forest University, Winston-Salem, North Carolina. Vincent, Clark E., Fiscal Year \$113,767. Began July 1968.
- H-296: A Family Plan Brochure and Its Use  
University of California, Berkeley, California. Derryberry, Mayhew, Fiscal Year 1970, \$39,281. Began May 1969.
- H-299: The Prevention of Adolescent Illegitimacy  
University of Pennsylvania, Philadelphia, Pennsylvania. Furstenberg, Frank F., Jr., Fiscal Year 1970, \$15,070. Began July 1969.
- H-309: Family Planning Services and AFDC Families  
City University of New York, New York, New York. Kogan, Leonard S., Fiscal Year 1970, \$95,000. Began Fiscal Year 1970.
- PH-40: Fertility, Family Structure and Family Planning  
Tulane University, New Orleans, Louisiana. Beasley, Joseph D., Fiscal Year 1970, \$252,509. Began October 1964.
- PH-133-2: Information Systems for Evaluative Studies  
George Washington University, Washington, D.C., Bonato, Roland R., fiscal year 1970. \$187,522. Completed December 1969.
- PH-203: Study of Recidivism of Unmarried Pregnant Girls  
University of California, Berkeley, California. Wallace, Helen, Fiscal Year 1968, \$73,078. Completed March 1970.
- PH-301: Pregnancy Spacing and Birth Outcome—Family Planning  
University of North Carolina, Chapel Hill, North Carolina. Udry, J. Richard, Fiscal Year 1970, \$303,688. Began June 1967.

**PH-1600-1: Teen Age Pregnancy: Timing Preventive Interventions**

Johns Hopkins University, Baltimore, Maryland. Oppel, Wallace C., Fiscal Year 1970, \$7,957. Began July 1969.

Total, Project Expenditures, Fiscal Year 1970—\$1,274,262.

**PROJECTS FROM THE OFFICE OF ECONOMIC OPPORTUNITY, WITH MAJOR EMPHASIS ON RESEARCH IN THE ORGANIZATION AND DELIVERY OF FAMILY PLANNING SERVICES**

Total project expenditures, fiscal year 1970, \$482,501

Location: Chapel Hill, N.C.

Grantee: The University of North Carolina.

Administering agency: Same.

Grant: \$59,741.

T.P.: \$59,741.

Period: July 1, 1970 to July 31, 1971.

Grant No.: 9869A.

The Department of Maternal and Child Health of the UNC Public Health School will continue a long-term follow-up of a sample of the 30-40 percent of eligible women in Mecklenberg County who are in need of subsidized family planning services. Follow-up focuses on changes in knowledge, attitudes, and practices, fertility; actual and desired family size; and socioeconomic status.

Location: Raleigh, N.C.

Grantee: Shaw University.

Administering agency: Same.

Grant: \$90,190.

T.P.: \$90,190.

Period: October 1, 1969 to September 30, 1970.

Grant No.: 8583A.

The project is exploring ways of providing sex information and counseling to sexually active, unmarried low-income adolescences. Weekly sessions are held for an average of 40 teenagers; nonprescription contraceptives are provided those in need. The project seeks to develop better ways of educating parents concerning teenage sexual attitudes and practices.

Location: Pittsburgh, Pa.

Grantee: University of Pittsburgh.

Administering agency: Same.

Grant: \$47,670.

T.P.: \$62,670.

Period: August 1, 1970 to July 31, 1971.

Grant No.: 3800A.

This project will develop and apply a questionnaire to document the fertility attitudes and behavior of 500 males heads of families receiving public assistance. This project deals with white males, previous studies have usually been directed toward females.

Location: San Saba, Tex.

Grantee: Hill Country CAA, Inc.

Administering agency: Same.

Grant: \$75,689.

T.P.: \$83,445.

Period: July 1, 1970 to July 31, 1971.

Grant No.: 6802A.

This project is a demonstration program to provide services through private physicians in five rural counties. Since there is no local public transportation, this approach will attempt to develop new methods of dispensing contraceptive supplies to patients in rural areas.

Location: New York City, N.Y.

Contractor: Center for Family Planning Program Development Planned Parenthood World Population.

Contract: \$209,211.

Period: June 30, 1970 to June 30, 1971.

This survey research project is producing detailed information on the number and location of women in need of family planning services, as well as the existing resources that could be mobilized to meet this need. The initial publication produced under this contract, "Need for Subsidized Family Planning Services: United States, Each State and County, 1968," has made systematic national program planning possible.

Secretary RICHARDSON. This is an area in which OEO is also supporting projects, and we could cover that in the submission?

Mr. ROGERS. There is close cooperation between your Department and OEO and you plan to continue that?

Secretary RICHARDSON. To continue and strengthen.

Mr. ROGERS. Do you feel the funding you have recommended is sufficient to reach the goals established by the President of making family services available to those who want them but cannot afford them?

Secretary RICHARDSON. We feel with the rate of expansion contemplated in the table we submitted to you earlier in the hearings, Mr. Chairman, that this would be sufficient.

Mr. ROGERS. Thank you.

Would you let us know for the record how many—I know you used some figures—but I would like to know how many people in the Department are occupied full time in carrying out the activities associated with this program?

You can submit those for the record.

Secretary RICHARDSON. I do have those figures and we can do that at this point.

Mr. ROGERS. Thank you. We will take them for the record.

(The following information was received for the record:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PROFESSIONAL STAFF IN  
POPULATION AND FAMILY PLANNING

Currently, the Department of Health, Education, and Welfare employs a total of 103 professional staff either full-time or part-time in population and family planning activities. Of these, 79 are full-time and 24 are part-time. In addition, the Indian Health Service and the Federal Health Programs Service, (U.S. Public Health Service Hospitals and Clinics), in the Health Service and Mental Health Administration, provide about 28 professional man years in family planning activities annually as part of the total health care for beneficiaries.

Organizational unit	Professional staff		
	Full time	Part time	Total
OS.....	3		3
HSMHA.....	38	23	66
NICHD.....	36		33
SRS.....	2	1	1
Total.....	79	24	103

Mr. ROGERS. Dr. Egeberg, I understand last October a report was made to you on population research expenses. Could you give me a rundown on that and perhaps submit it for the record?

Dr. EGEBERG. Yes. They recommended we spend about \$1.5 billion on research. We studied this very carefully. We discussed it with the people at the National Institutes of Health, and we feel that while this might be ideal in the long run, it is unrealistic in respect to how

fast we can develop people who can do that kind of research, We are looking at this very carefully.

We want to push this research as hard and as fast as we can. As we see opportunities for increasing this more rapidly, we shall certainly we can develop people who can do that kind of research. We are giving them.

Mr. ROGERS. If you could submit a copy of the report to the committee it would be fine.

(The document referred to follows:)

## POPULATION RESEARCH: A PROSPECTUS

COMMITTEE REPORT TO THE ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

(October 25, 1969)

Most segments of American society and all levels of our government have recognized the grave importance of problems created and aggravated by excessive population growth and the importance of research in finding solutions. In his Population Message to Congress on July 18, 1969, President Nixon said, "It is clear . . . that we need additional research on birth control methods of all types and the sociology of population growth. Utilizing its Center for Population Research, the Department of Health, Education, and Welfare should take the lead in developing, with other Federal agencies, an expanded research effort, one which is carefully related to those of private organizations, university research centers, international organizations, and other countries."

As the President indicated in his Message to the Congress of July 18th, the problems associated with rapid population growth require increased attention by a number of Federal agencies. To carry out the intent of his Message, the President requests the following specific actions and reports.

The President would like Secretary Finch to assess the adequacy of research presently being done on birth control methods of all types, including the rhythm method, and on the sociology of population growth. This assessment should include a careful review of all federal research efforts in this area, and should also include a survey of all other major public and private research projects in the same area. Based upon the findings of this assessment, the President would like Secretary Finch to develop an expanded and coordinated research effort that is adequate to meet the national and international goals set forth in his Message. This program should include the research activities conducted by the Department of State and the Agency for International Development, and should pay careful attention to recent studies by the Federal Council for Science and Technology.

In order to assist in responding to this directive, Dr. Roger Egeberg, the Assistant Secretary for Health and Scientific Affairs in the Department of Health, Education, and Welfare, called several meetings of a Committee composed of members of population professions, both within and outside Government. This document is the Committee's report to Dr. Egeberg.

### MEMBERS OF THE COMMITTEE ON POPULATION RESEARCH

Roger O. Egeberg, M.D. (Chairman), Assistant Secretary for Health, and Scientific Affairs.

Jesse L. Steinfeld, M.D. (Vice Chairman), Deputy Assistant Secretary for Health and Scientific Affairs.

Bernard Berelson, Ph.D., President, Population Council.

Arthur A. Campbell, Deputy Director, Center for Population Research, NIH.

Philander P. Claxton, Jr., Special Assistant to the Secretary of State for Population Matters.

Philip A. Corfman, M.D., Director, Center for Population Research, NIH.

Oscar Harkavy, Ph.D., Director of Population Program, Ford Foundation.

Norman A. Hilmar, Ph.D., Chief, Program Liaison Branch, Center for Population Research, NIH.

Leon Jacobs, Ph.D., Assistant Director for Collaborative Research, NIH.  
 Donald R. Kling, Ph.D., Technical Assistant, Office of Science and Technology.  
 John Maler, M.D., Associate Director for Medicine, Rockefeller Foundation.  
 Parker Mauldin, Vice President, Population Council.  
 Reimert Ravenholt, M.D., Director, Population Service, A.I.D.  
 John J. Schrogie, M.D., Medical Officer, Food and Drug Administration.  
 Carl S. Shultz, M.D., Director, Office of Population and Family Planning, HEW.  
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 Sheldon Segal, Ph.D., Director, Bio-Medical Division, Population Council.  
 Anna Southam, M.D., Population Program, Ford Foundation.  
 J. Joseph Speidel, M.D., Chief, Research Division, Office of Population, AID.  
 Gooloo S. Wunderlich, Ph.D., Demographer, Office of Populations Affairs.  
 Rolf Versteeg (Rapporteur), Center for Population Research, NIH.

#### SUMMARY OF RECOMMENDATIONS

The goals of population research encompass four large and complex fields: 1) the development of improved methods of fertility regulation, including the improvement of contraceptive technology and the control of infertility; 2) studies of biologic and genetic implications of contraceptive use; 3) population research in the social sciences; and 4) research on the delivery of family planning services.

The ultimate purposes of research in all of these fields are the improvement of our understanding of population problems and the achievement of solutions compatible with American principles of human dignity and freedom.

1. The Committee recommends that research in these subject areas be advanced as rapidly as possible, consistent with standards of scientific quality. It further recommends that increased support be provided for training in these fields, for the establishment and support of Population Research Centers, and for the advancement of scientific and technical information services.

2. The Committee recommends that the total investment by all American agencies be increased significantly in the next five years to \$322 million by 1974. Table 1 shows such a composite five-year schedule, developed by special subcommittees and based on their estimates of the requirements of the fields and the ability of the scientific fields to respond in a productive manner.

3. The Committee recommends that the investment by all Federal agencies in these fields be increased significantly in the next five years and that a National Institute of Population Research be established in the National Institutes of Health within the next two years. The Institute will undertake research in its own laboratory facilities, use contracts and grants to support our scientists, develop a scientific communications network to facilitate rapid scientific advances, and serve as a clearinghouse for the population research activities undertaken by all Federal and private agencies.

4. The Committee recommends that an International Program for Cooperation in Population Research be initiated under the auspices of an international agency such as the World Health Organization or the International Bank for Reconstruction and Development, or both, to assist in increasing, accelerating and coordinating population research efforts undertaken throughout the world.

#### KEY PARTICIPANTS

A large number of organizations, governmental and private, are involved in the conduct and support of population research. The variety and scope of their activities reflect the diverse nature of human population problems and the complexity of research efforts in this field.

The Committee undertook a special survey of the current level of support for population research and the data from this effort are displayed in Table 2. The principal private contributor has been and continues to be the Ford Foundation whose current level of funding is \$26.0 million a year. In fiscal year 1969 the investment by Federal agencies was \$25.5 million, which was supplemented by such agencies as the Bureau of the Census, the National Center for Health Statistics, and the National Science Foundation whose activities are not strictly defined as population research.

The principal private agencies committed to population research are the Rockefeller Foundation, Population Council, and the Ford Foundation. The Rockefeller Foundation supports research and training in reproductive biology, demography, and family planning and university population centers for teaching and research in family planning and population for medical students and others in the health and allied professions. The Population Council concentrates its efforts on conducting and supporting basic and applied research on all the biomedical and behavioral aspects of population including contraceptive development, demographic and other social science research, operational research, and the analysis of population policies. The Ford Foundation supports research and training in reproductive biology and other aspects of population and family planning, research and demonstration programs to improve the delivery of family planning services, and dissemination of information on population problems.

Pharmaceutical companies such as Mead Johnson, Parke Davis, G. D. Searle, Syntex, and Upjohn conduct basic research on contraception and publish some of their findings in scientific journals. They also undertake much applied research in contraceptive product development but for proprietary reasons do not make this information available in a form compatible with data from Federal and private nonprofit agencies.

The principal Federal agencies concerned with population research are the Department of Health, Education, and Welfare, the Agency for International Development, and the Office of Economic Opportunity. Their programs for fiscal year 1969 are shown in Table 3 along with the relevant programs of the Bureau of the Census, the Department of Labor, the National Science Foundation, other Institutes at National Institutes of Health than National Institute for Child Health and Human Development and the National Center for Health Statistics.

Population and family planning research in the Department of Health, Education, and Welfare includes the support of research and research-training in the biomedical and behavioral aspects of fertility and sterility. Within the Department of Health, Education, and Welfare, the Center for Population Research has the primary responsibility for supporting research involving the development of new contraceptives and population research in the social sciences; the Food and Drug Administration is responsible for approving contraceptive drugs as to safety and effectiveness before they are marketed and for maintaining surveillance of the drugs after their approval; the several components of the Health Services and Mental Health Administration are involved in such aspects of population and family planning research as the organization and delivery of services, the mental health and behavioral aspects of fertility and family life, and the collection and analysis of the wide range of health and demographic statistics needed for the effective development, operation and evaluation of family planning programs.

The population research activities of the Agency for International Development are aimed at improving methods of fertility regulation and extending its practice; they include the support of studies geared to the needs of specific countries in accordance with the agency's goal to improve the health, well-being, and economic status of the peoples of the developing countries. The program of the Office of Economic Opportunity is concerned with population studies and population data involving descriptive information concerning the size, geographical distribution, and the demographic characteristics of the poverty population of the United States and the socioeconomic differentials in fertility, mortality, migration, and social mobility.

The Bureau of the Census in the Department of Commerce, is a general-purpose statistical agency whose mission is to collect, process, compile and disseminate statistical data on the number and characteristics of the population of the United States and the individual areas which make up the Nation. The Labor Department has its research program directed at employment-related aspects of human population problems, and while essentially economics-oriented it is also concerned with population characteristics and dynamics as well as with problems arising from consequences of population dynamics. The National Science Foundation supports population research through a variety of programs dealing in part with animal population studies which may provide insight into factors which influenced human population and with broad areas of biology related to reproduction, growth, and development as well as studies of the nature, determinants, and consequences of human population characteristics.

## DETAILED 5-YEAR PLAN

The Committee's principal concerns were with the special goals of population research and means of attaining them. In order to isolate the issues and problems subcommittees were formed to study the 4 major subject areas of population research and to make recommendations; as far as we know, this is the first time such analyses have been undertaken. Following these subcommittee meetings, the Committee met as a whole and agreed to this detailed five-year plan.

The plan which follows includes a discussion of the research objectives and an estimate of the cost of each item as well as the need and costs of 3 major instruments for attainment: training, population research centers, and dissemination of information.

## SCIENTIFIC OBJECTIVES

The 4 major subjects for population research are 1) contraceptive development, 2) the medical effects of contraceptives in use, 3) population research in the social sciences, and 4) operational research.

*1. Contraceptive development*

The ideal contraceptive is effective, safe, inexpensive, reversible, self-administered, and acceptable to various population groups. No presently available method, including the oral contraceptives and intrauterine devices, fulfills all these criteria and probably no single method will be universally satisfactory in all situations. A major goal of population research is the development of an array of methods which will be suitable to a variety of people and conditions of life.

In our analysis of this field, opportunities for advancement fall in two major groups. The first group includes methods which are near the development stage and which can be proven feasible in 3 or 4 years at a relatively low cost. The second group includes methods which require a significant amount of fundamental research before they can be developed.

We urge that work proceed on both fronts because there is no certainty that the imminent methods will prove effective and acceptable. Indeed, we believe that even if they do prove useful, the long-term approaches will still be required to provide the variety of methods needed under different circumstances.

Our estimate of the costs of these programs are displayed in detail in Table 4 and discussed in the narrative which follows. We recommend that the present investment of about \$45 million by all American agencies be doubled next year and that these funds be increased over several years to level off at about \$170 million a year.

(a) *Short-term approaches.*—There are several possible imminent methods which warrant verification, and a considerable amount of work is being done to study the feasibility of some, particularly by the Population Council and the drug industry.

One group of short-term approaches involves various improved hormone methods. An improvement which has already become available in certain countries is the daily use of a small dose of progestogen. This represents a significant improvement in safety over traditional oral contraceptives since estrogens, which may be especially hazardous, are not employed and since ovulation is not inhibited in most patients. Contraceptive failures do occur, however, with greater frequency than with standard oral contraceptives and there is a significant incidence of abnormal vaginal bleeding. Extended clinical testing is required to determine the usefulness and safety of this new approach.

Another significant refinement in steroid contraception involves the administration of small doses of progestogen by means other than daily oral administration. Such means include long acting oral capsules, hormone-impregnated vaginal rings, intrauterine devices, and subdermal implants of the drug in suitable plastic containers.

Another approach which may be feasible is the administration of low doses of steroids to males in a way which will inhibit sperm function without altering any other physiological function.

Each of these approaches warrants intensive and immediate study to determine its feasibility and applicability. A few, particularly the subdermal capsule, are well along in the development process.

Another contraceptive method subject to improvement is the intrauterine device. The fact that at least 50 configurations have already been developed

indicates some dissatisfaction with the devices in use. A promising improvement may be the addition to the device of active substances such as steroids or copper. The fact remains, however, that we do not know precisely how intrauterine devices inhibit fertility in the human and we believe significant improvements in IUD technology will be possible after such understanding is obtained.

Another group of methods which will not require a great deal of fundamental biological research includes techniques for sterilization. Sterilization is an effective means of fertility regulation, and there is no doubt that improved and simplified methods would have wide application; this is especially true for the sterilization of women which still requires entering the abdomen through the abdominal wall or vagina. The intensive application of bioengineering technology to these approaches will permit significant advances.

An area of special concentration which may lead to significant improvement relatively soon is increasing the effectiveness of the rhythm method of fertility regulation. Recent significant improvements in means to detect certain hormones which are thought to control ovulation might be developed into methods which could be used with assurance in the home. Improvements in rhythm would undoubtedly be attractive to non-Catholic as well as Catholic women since this method would not require the administration of any drugs.

The regulations of the Food and Drug Administration concerning requirements for development and clinical evaluation of drugs for contraceptive use should be reviewed to assure the maximum speed consistent with the public interest.

(b) *Long-term approaches.*—As important as these short-term approaches may be, we have no guarantee that any will prove successful. Even if they do prove to be relatively safe and effective, we believe that other contraceptive approaches should also be developed at the same time.

Such long-term approaches require much more fundamental information concerning reproductive processes in humans and experimental animals than is presently available. The importance of such information becomes clear when it is realized that oral contraceptives could not have been developed if several decades of fundamental laboratory research had not improved our understanding of the endocrinological basis of reproduction.

There are at least 3 possibly significant improvements in contraceptive technology which may result from our investment in research in reproductive physiology. The first is the development of a medication, either a pill or injection, which a woman may take once a month at the time of her expected period. The concept of the menses inducer is attractive to those involved in the operation of family planning programs since they believe that women would have little difficulty remembering to take the medication and that they would be pleased with the regular menstrual cycle that such a method would promote.

A few drugs have recently been studied which may induce the desired effect and they should be tested as soon as possible, but a great deal of fundamental research must be done if such a method is to be developed. Within the last year both the Center for Population Research and the Agency for International Development have invested a significant proportion of their limited resources in this approach.

The second method which we believe would represent a significant improvement in contraceptive technology is the development of a drug which a woman would take post-coitally, and the third is the development of a modern male method. We believe that the development of a male method is particularly important to societies in which the male is dominant in the decisions concerning family size and contraception. The successful achievement of these methods will also require several years of fundamental research, followed by the intensive development of leads which are discovered.

## 2. Medical effects of contraceptives in use

As stated earlier, none of the contraceptive methods now available is fully satisfactory. There is no doubt that the oral contraceptives and intrauterine devices represent significant improvements in contraceptive technology over the methods generally available 10 years ago. Nevertheless, the concern for the safety of oral contraceptives is well based, as is demonstrated in detail by the recent report on this subject issued by the Food and Drug Administration. The intrauterine devices present another set of problems relating to unintended expulsions and side effects that are not dangerous but are annoying. We are

also concerned about the effects of other methods, such as rhythm, sterilization, and abortion which have not yet been studied to any significant degree.

Table 5 displays the Committee's recommendations for this important subject area. It recommends that the budget which is now about \$5 million a year by all agencies increase to about \$15 million by 1974.

One problem which has been investigated is the apparent relationship between use of oral contraceptives and the development of thromboembolism. Recent studies in Great Britain and the United States show that such a relationship exists but further work is needed on specific diagnostic categories and on means to predict which women are most subject to increased risks.

Another major area of concern is the possible relationship between the use of oral contraceptives and the development of cancer, particularly cancer of the breast and cervix. Recent work in New York has indicated the cervical cytology of oral contraceptive users may differ from that of other women. Research is needed to indicate whether these changes are causally related to use of the drugs.

A third area of concern is the large number of variations of metabolic processes which are thought to be affected by oral contraceptives. The significance of changes in sugar and fat metabolism and liver function, for instance, is not known, but their variety and persistence cause great concern.

It is reassuring to know that the new methods of steroid contraception being developed, particularly the low dose progestogen, which requires only one drug rather than two, appear to have significantly fewer metabolic effects. Nevertheless, we must establish systems of monitoring the medical effects of these agents and others that will be developed in the future in order to acquire the information needed to detect significant alterations in biological function.

One further area of concern is the possibly harmful effect oral contraceptives may have on children conceived after a woman stops the medication. Such effects have been known to occur in animal studies but we do not yet know if they occur in humans.

It is clear that the need will continue for research on a broad spectrum of disorders that may be associated with use of contraceptive steroids. Their incidence and severity range from common and relatively mild side effects to rare and sometimes lethal diseases. For some of these, concern is directed toward new oral contraceptive users, for others we are most worried about long-term users. This diversity requires a variety of research designs, often involving administratively difficult monitoring of large numbers of women, and high quality clinical and laboratory data.

The financial commitment must be significant if adequate surveillance of this public health issue is to be maintained.

### 3. *Population research in the Social Sciences*

Massive and immediate support is needed for the development of research in the social sciences commensurate with the severity of problems associated with population growth. The amounts required for rapid development are shown in Table 6. They rise sharply from a current level around \$9 million to \$25 million in 1970. During the 5 year period 1970-1974, the increases are rapid at first and then taper off until a level of \$57 million is reached in the terminal year of the projection period.

One of the most urgent needs is for improved measurement of demographic trends and characteristics. These are needed quickly in the developing countries in order to measure variables of such basic importance as the numbers of births and deaths, the extent of internal migration, the size and density of various areas, etc. One of the ways in which some of this work can be accomplished is by the establishment of population laboratories in the developing countries, composed of populations living in cities or groups of villages. By careful surveillance of these populations, birth rates, death rates, migration rates, and other statistics can be estimated with considerable accuracy. The amounts suggested here would support approximately 5 such population laboratories in 1970 and 16 in 1974 at a cost of \$200,000 each. These costs cover the basic costs of data collection and field administration. In addition, special project funds would have to be made available to conduct special surveys of the kind that are uniquely possible for populations under such close surveillance.

In addition, there is a very pressing need for more accurate estimates of population size and growth for entire countries and smaller areas within them. Some of these data can be obtained through special population growth estimation

surveys and through sample registration systems. Also, much can be done to improve the methods of taking censuses and surveys in developing countries.

There is a great need for data on pregnancy histories, methods of contraception used, and other variables associated with fertility both in the developed and developing countries. These are included under the item designated "Fertility and family planning surveys." Such surveys are being planned for a sample of the entire population of the United States and for special subgroups within it.

Finally, surveys are needed on special topics such as abortion. It is often difficult to collect such data in countries where induced abortions are illegal, but useful information has been and can be obtained by using special techniques. Also, a great deal can be learned about the incidence of both induced and spontaneous abortion from a recent innovation known as the pregnancy prevalence survey. It involves the periodic administration of pregnancy tests to samples of women of reproductive age.

Little is known about government policies affecting population. At the present time hardly any research is being done in this area, although many government officials are concerned about it and need information on which to base decisions. Research should be conducted both on the impact of policies intended to affect population change and on policies not intended to affect population growth and redistribution. The latter would include, for example, policies regarding welfare payments, the payment of farm subsidies, the encouragement of young women to enter colleges, etc.

Research is needed to guide the selection of particular institutional vehicles for the distribution of family planning services in developing countries. At the present time there is a controversy about the effectiveness of maternal and child health programs as bases for the distribution of family planning services in comparison with the effectiveness of family planning services delivered in other ways. To determine the usefulness of such programs in a variety of settings would require about 5 case-control studies costing roughly \$400,000 a year each. It is only with the information derived from such studies that governments can make firm decisions regarding the direction of their efforts.

Government policies and programs may succeed or fail because of the influence of a variety of social, economic, and psychological factors of which we are not yet sufficiently aware. As is suggested by the projected funds, massive support is required for the study of factors influencing acceptance of the practice of family planning, changes in family size values, factors affecting the success or failure that couples experience in their attempts to control their fertility, and other variables influencing family size. One important set of such variables is found in the family, which is the social institution into which most children are born and in which they grow to adulthood. Accordingly, special attention should be given to the changing structure and function of the family as societies respond to the impact of rapid population growth, heavy internal migration, improvements in agricultural techniques, and industrialization, and the influence of modern communications with the outside world.

Although great emphasis should be accorded studies of the determinants of fertility under changing conditions, attention should also be paid to factors associated with various patterns of internal migration. Migration is important not only because it affects density in particular areas, but also because it is a major vehicle of social change and has important effects on fertility as well as other social and demographic variables.

In addition to the determinants of population change, we must make an effort to understand better than we do the consequences of various population trends for our social and economic life and for the natural environment in which we live. It is only by improving our understanding of these consequences that we can begin to set reasonable population goals, regardless of the stage of development a particular country has achieved. Specific research is needed regarding the effects of population growth on economic development and social progress in individual developing countries.

Considerable effort should be given to studies of the relationship between population growth and economic change. Although these relationships appear to be fairly well understood in their gross effects, particularly in the developing nations, the effects are not yet well understood in the developed nations of the world. For example, in the United States the period of inflated fertility of the

1950's brought about a bnige in our age distribution that has affected both the public and private economy. These costs have never been counted in spite of their obvious great importance.

In addition, we need much more information than we now have about the effects of population on the quality of the environment, given particular levels of living. It is becoming increasingly obvious in the developed nations, for example, that rising levels of affluence and rising populations are incompatible. However, we do not yet have the kind of information needed to understand the relationship between these variables or the point at which one tendency must yield to the other.

As societies change, many shifts occur in the distribution of people through internal migration. These redistributions affect the economies of both the areas of origin and destination and may cause temporary or long-term dislocations which need to be better understood if we are to develop the informational bases for adequate migration policy.

Another important area of study is the influence of differential rates of growth on social structure, particularly in situations where there are intergroup rivalries of major importance. In addition, both differential fertility and migration have important effects on social change and social mobility about which more knowledge is needed.

The relationships of rapid population growth and/or migration to juvenile delinquency, crime, banditry, social unrest, internal armed insurrections and external conflict are more or less apparent but have not been adequately studied. Such studies are essential to an understanding of the full implications of population problems.

Although it is generally conceded that families of different size and child-spacing patterns have different effects on the development of children, neither the nature of these effects nor their magnitude is known in any detail. Studies on these topics are needed to inform couples of the consequences for their children of various childbearing patterns.

An important ingredient that will contribute to the success of the many kinds of research projects listed above is a strong institutional base. In the United States this base will be provided in large part by population research and training centers, funds for which are listed separately in Table 1. In the developing nations, a strong institutional base is at least as important as it is in the United States. Accordingly, it is recommended that funds be provided for the basic costs of facilities and administrative and clerical staffs needed to conduct research of a high quality. Research projects will suffer if they are put together on an ad hoc basis without support from a strong institutional base.

In the developed nations, there is a great need for internationally comparable studies. These studies will provide a great deal more information than we now have about the determinants and consequences of population change in developed countries. For example, it would be possible to conduct fertility surveys in a number of developed countries simultaneously and with the use of identical or very similar survey instruments. Such studies will permit meaningful comparisons, based on identical definitions of the variables involved, between various countries. It would enable us to see, for example, whether the prevalence of unintended pregnancies is higher in the United States than in the United Kingdom and would make it possible to analyze the results of the surveys in similar ways in order to identify the differences between the 2 countries that led to the variations noted. Many such examples could be cited for other variables. In order to provide the staff support and a portion of the project funds needed to conduct such international collaborative research, it is recommended that funds be made available for these purposes.

The kinds of research needed for the adequate support of population research in the social sciences would require nearly a threefold increase in the available funds in one year—from about \$9 million in the latest fiscal year to nearly \$25 million in 1970. The increase over the 5 years 1970-1974 would multiply the 1970 funds by a factor of 2.4 to bring them to \$57 million in the terminal year of this projection. This represents a sixfold increase in funds currently available for social science research in population. Although this increase is large, it is necessary if the skills of social scientists are to be brought to bear on one of the most serious problems facing the world today.

#### 4. Operational research

Operational research in the population field is intended to provide empirical data for planning, conducting and evaluating family planning services. Since the ultimate goal of family planning programs is broader than only the provision of birth control services, operational research should include efforts which will ultimately help more people plan their families effectively.

The purpose of operational research is to produce objective data for the use of policy makers and program operators in initiating and phasing their efforts and in improving the efficiency and effectiveness of their ongoing operation. While there will always be some gray areas between operational research and social science research in the population field, confusion can be minimized by labeling as operational research that which leads directly to operating or policy decisions and labeling as social science research that which is designed to improve general comprehension of population phenomena.

Table 7 shows the Committee's recommendations for program and budget in this field. The current level of funding is \$4.4 million a year by all agencies and it is proposed that this amount increase steadily to approach \$35 million by 1974.

One major objective is the development and improvement of methods for establishing program goals and priorities, and planning the phasing and distribution of efforts. Quantitative data must be collected to permit assessing in advance alternative methods of reaching the people for whom service programs are intended. The needs of various groups of individuals to be served in the family planning programs differ from one another and service programs must be designed to meet different needs.

Once initiated, service programs should be subjected to continual scrutiny in the search for ways to improve the impact of their efforts as well as the efficiency with which services are delivered. A crucial gap in research on many ongoing programs is the search for ways to reach new patients and to insure continuity of services once it is initiated. In addition, the relative cost effectiveness of free-standing family planning services compared with various combinations of family planning services and other health and social services must be measured in a variety of experimental service settings. Also included in this category of operational research are studies on the relative effectiveness of various types of efforts in personal counseling by clinic or outreach personnel and various measures to follow up persons to whom family planning services have been made available. Where experimental features add initially to the cost of delivering services, the extra cost should be considered part of the operational research budget rather than a part of the delivery budget.

We particularly need to develop and assess new and improved methods of education and motivation to practice family planning and to accept the ideal of a small family size. This will include new and broader use of communications through the mass media. Similarly, operational research is needed to enhance techniques for adult education programs and other programs concerned with family life and the effects of demographic events on the lives of members of a given society. As an illustration of the magnitude of the task, the Government of India is planning to use one channel of a stationary satellite provided by the National Aeronautics and Space Administration to beam T.V. programs to villages throughout a part of the area. Operational research will be essential to arrange where the efficient distribution and maintenance of television receivers and for organizing the broadcast materials to be meaningful and comprehensible to the various cultural and linguistic groups which comprise the population to be reached.

Education about the nature and values of family planning possibilities as well as information about where services and materials can be obtained can be enormously enhanced by such innovations as the T.V. satellite in India or by intelligent employment of our usual mass communication media in the United States. The research on the nature and state of knowledge of the audience to be reached or the public to be educated must be conducted and followed up by design and assessment of the materials and programs to fill information and education gaps effectively. This will require far greater attention to testing a variety of means to create a general climate of opinion favorable to planning for small families.

We need a better understanding of efficient staffing patterns and utilization of personnel in service programs, the numbers and kinds of skills needed and

the most efficient means of preparing the personnel needed to provide information, social services, and medical services. Extensive experimentation and assessment must be devoted to the development of auxiliary personnel for service programs, not simply as a stopgap measure because of current shortages of higher level professional personnel but as a permanent arrangement for the systematic and efficient marshalling of the forces required by the world-wide need for family planning services. Necessary safeguards must be identified and implemented in the training and supervision of such auxiliary personnel so that the quality of care does not suffer.

In addition to improving the efficiency of services, operational research is needed to evaluate the effectiveness of various programs and wherever possible to quantify measures of success in meeting overall goals. Ideally, objective evaluation procedures are built in before a service program is initiated; but there is a great dearth of objective indicators by which to evaluate effects at the macro-level of society or the micro-level of the family.

Techniques must be developed for quantifying inputs of money, manpower, and specific units of service. Objective ways of characterizing the structural and organizational arrangements for services are also needed so that together with other inputs the entire service program and each of its components can be described in measurable terms. The impact of various mixes of inputs and organizational arrangements can then be studied in terms of effectiveness and efficiency of the service operation.

Now that family planning services are being greatly expanded, operational research efforts must be launched as rapidly as possible to increase the success of these operations and to capitalize on such successes in subsequent endeavors. As service programs get well established and their organizational and administrative techniques become perfected, much of the experimental effort supported by operational research budgets can be discontinued or will be absorbed as a normal part of the cost of doing business in the service programs themselves as is now actually the case for many innovative family planning service programs in various less developed countries. Therefore, the initial rise in expenditures for operational research over the next 5 years should probably tend to level off within the next decade.

In summary, our scientific objectives are to advance as rapidly as possible in the scientific fields identified and to be ready to take advantage of other leads which develop. We propose that the current level of funding of projects by all American agencies be increased over a 5 year period to about \$260 million a year.

There is every reason to believe that the scientific community is capable of such expansion. Recent estimates obtained from the major population agencies indicate a significant backlog of projects which could be funded almost immediately if funds become available. These data may be summarized as follows:

APPROVED OR QUALIFIED APPLICATIONS FOR POPULATION RESEARCH NOT FUNDED DUE TO INSUFFICIENT RESOURCES

	NIH (Fiscal year 1969)	Rockefeller Foundation (calendar year 1968)	Population Council (calendar year 1968)	Ford Foundation (fiscal year 1969)
1. Research projects.....	1.8		9.9	3.5
2. Research training.....	.3		.7	2.0
3. Population research centers:				
(a) Core support.....			1.0	2.0
(b) Construction.....	5.3			12.0
4. Scientific and technical information.....				
5. Total.....	7.4	16.0	11.6	19.5

<sup>1</sup> Not itemized.

Another reason to believe that a significant increase in funds will be used intelligently resides in the need for the application of other disciplines to population research. We need the interest and cooperation of a variety of bioengineers, biological scientists, and social scientists. We are certain that necessary workers from these important fields will turn their attention to population research if they can be assured of long-term support.

The final reason to anticipate the need for a significant increase in funds is our need to work increasingly with the drug industry. Neither government nor the nonprofit private agencies have the capability nor the desire to become heavily engaged in drug development and we should develop the appropriate means to cooperate with industry in the development and testing of various contraceptive agents.

#### TRAINING

Solving the worldwide problems of population growth requires the assurance of obtaining an increasing number of well-trained, broadly-based, new investigators who can attack the problems with original approaches. The Committee's estimates for training requirements are shown in *Table 1* to increase from the current level of only \$6.6 million a year by all agencies to \$30 million by 1974.

To date, manpower training in this field has been limited to the conventional disciplines such as physiology, obstetrics, and demography. Indeed, the recent restrictions in funds have forced a reduction in the number of training programs available in these fields and the Center for Population Research projects almost \$1.0 million of approved but unfunded training grants in fiscal year 1970.

Population research faces the need for interdisciplinary approaches. We know, for example, that novel approaches to the development of contraceptive techniques depend upon research at the cellular and molecular level and we need the input which can be provided by investigators trained in electron microscopy, histochemistry, cytochemistry, molecular biochemistry, genetics, immunology, as well as bioengineering and biophysics.

In the behavioral-social sciences, we need to encourage further interest in population research among cultural anthropologists, educators, mass media specialists of all kinds, political scientists, experts in community development, and methods of social change, as well as epidemiologists, economists, biostatisticians, psychologists, and sociologists and to foster a closer cooperation with the biological scientists in population research. The recruitment of scientists of excellence into the training program should be of a first order of priority in order to assure that first class workers will be available as the funds for research and field application increase in magnitude.

#### POPULATION RESEARCH CENTERS

The strengthening of centers through adequate funding over long periods will do much to provide the stability and stimulation required to advance population research. There are at least one dozen university related centers of quality in existence at present in this country and perhaps two dozen other capable of development. Even the best of these, however, suffer for want of core support and construction funds with which they may enlist new investigators into the field, modify or expand working space and programs, and engage in activities related to their particular population interests.

The Committee's recommendations for center core support and construction are shown in *Table 1* to increase from the current level of \$15.5 million by all agencies to \$27 million in 1974. Most notable is the recommendation for a sharp increase of \$12 million for construction funds next year. Our recent survey has revealed over \$17 million of approved construction applications, unfunded due to insufficient resources.

The major reasons for providing support to population research centers are to facilitate multidisciplinary communication and effort in this field, to give visibility to the research area, and to defray administrative and operating costs. We advocate a centers program in which the collective efforts of all would address the research goals described previously. No center would be expected to follow any precise format for operation, some would be multidisciplinary, dedicated toward approaches which would encourage scientists from many fields to identify roles wherein they might assist in solving population problems.

#### SCIENTIFIC AND TECHNICAL INFORMATION

We must cope with the information explosion in population research and assure that existing knowledge as well as the fruits of future research efforts are communicated promptly. It is equally important that population information

be delivered in a comprehensible form to program operators, educators, policy makers, and the general public.

We can advance both research and action efforts by developing a rational network of libraries, scientific and technical information centers and data banks. Such a network would permit collaboration to help each information activity increase its own effectiveness by eliminating unnecessary duplications and by facilitating reliance upon other centers for some kinds of specialized information.

Once such a network is established, it will be possible to develop a common vocabulary in the population and family planning fields for cataloging and retrieving information, and compatible hardware and software systems to facilitate exchanges among the various information centers and libraries in the field.

Greater accessibility and coherence of our rapidly growing knowledge in the population field will greatly facilitate the preparation of ongoing research inventories for scientific use; state-of-the-art reports; advice for program operators and for policy makers; and general reviews of worldwide, national or local population problems for the public.

The Committee recommends that the current level of funding of only \$0.6 million be increased to \$3.0 million by 1974.

#### SOURCES OF FUNDS

The current level of funding by the major foundations and government agencies was described in the chapter entitled "Key Participants" and displayed in some detail in *Table 2* and *Table 3*. At the present time the private agencies contribute about 60% of the total \$60.0 million devoted to population research.

All of the private agencies wish to reduce their contributions to this field because they believe that the Federal Government should follow throughout on its explicitly stated intentions to move ahead in this field and because their resources are not adequate to the magnitude of the problems involved. On the other hand, the private agencies do not intend to withdraw completely from the field; they believe that they provide a special and unique contribution, particularly in areas which the Federal Government might consider too sensitive or controversial.

The following table summarizes the Committee's recommendation for population research by all agencies, the current and anticipated level of funding by private agencies.

#### SOURCES OF FUNDS

	Most current year	1970	1971	1972	1973	1974
Most current year and committee recommendations for total budget for subsequent years (A).....	64.1	178.2	240.3	297.5	311.4	322.3
Rockefeller Foundation.....	(4.4)	(5.0)	(5.0)	(5.0)	(5.0)	(5.0)
Population Council.....	(5.1)	(5.0)	(5.0)	(5.0)	(5.0)	(5.0)
Ford Foundation.....	(26.0)	(15.0)	(15.0)	(15.0)	(15.0)	(15.0)
Subtotal, private agencies (B).....	35.5	25.0	25.0	25.0	25.0	25.0
Recommended allocation of funds by public agencies, and industry (A and B).....		153.2	215.3	262.5	286.4	297.3

The Committee does not have available an accurate estimate of the contribution of industry to this field but we believe it to be about \$20.0 million a year.

We recommend, therefore, that the total Federal budget for population research in all the fields discussed be increased from the current level of about \$15 million to over \$100 million next year and to about \$250 million by 1974. These increases should be distributed among the various Federal agencies engaged in these fields, including the Agency for International Development, the Center for Population Research at the National Institutes of Health, the new National Center for Family Planning Services, the Food and Drug Administration, the Maternal and Child Health Service, the National Center for Health

Statistics, the Social and Rehabilitation Service, the Office of Economic Opportunity, the Bureau of the Census, and other Federal agencies.

The Committee recognizes that current budgetary restrictions may make it impossible to realize this recommendation according to the schedule proposed but it was the assignment of the Committee to recommend what is required, not to speculate on political feasibility.

#### ORGANIZATION TO IMPLEMENT THE PROGRAM

The Committee recommends that DHEW bolster its organizational ability to deal with these programs. It applauds the recent establishment of the National Center for Family Planning Services and recommends that this unit establish a strong operational research program. It recommends that operational research programs in the Maternal and Child Health Service be increased.

Most of the remainder of the Departments' programs in population research are the responsibility of the Center for Population Research in the National Institute of Child Health and Human Development.

The Committee recommends that the Center be expanded into a National Institute for Population Research at the National Institute of Health within two years.

The establishment of the National Institute for Population Research will provide a stronger base from which a more intensive research effort can be directed at population problems. For example, it will facilitate the acquisition of personnel positions, laboratory and clinical space, and other resources needed to implement and operate an essential in-house research program. The proposed Institute should support and conduct extramural and intramural research and training programs in both the biological and social sciences.

Within the overall program of research, the Department of State and the Agency for International Development should continue to be primarily responsible for research relating to population/family planning activities in developing countries. The Agency for International Development should augment its research staff in the Office of Population of the Technical Assistance Bureau as needed to select, plan and develop research projects, with emphasis on the operational research, required for the attainment of population/family planning objectives in the developing countries. Such qualified experts should be available to missions or national governments, either from the Agency for International Development's headquarters or by field assignment.

There is an increasing need for coordination of the population research activities of the various Federal agencies. It is suggested that the Center for Population Research or its successor establish a Federal Committee on Population Research to carry out the functions described in the recent Federal Council on Science and Technology's population report. The Committee, to be composed of representatives of Federal agencies engaged in or concerned with population research, will meet regularly to exchange information, prepare reports, and make recommendations to the various Federal agencies concerning research opportunities and issues dealing with population and family planning.

In order to enhance communications among scientists, program operators and the public, the Center for Population Research should conduct a comprehensive survey of all major sources of population and family planning information; develop a population and family planning information network; and establish procedures for insuring prompt utilization of knowledge.

#### INTERNATIONAL COOPERATION

To carry out the President's suggestion in his Population Message that other countries and international organizations be involved in the expanded research effort, an International Program for Cooperation in Population Research should be established to expand, accelerate and coordinate population research. The cooperative program should seek to stimulate the world's international, national and private institutions and agencies capable of dealing effectively with problems of population research into efforts in keeping with the magnitude of the problem. It should periodically assemble representatives of agencies now supporting research in this field, such as the international agencies (World Health

Organization, United Nations Development Program, Organization of European Corporation and Development, International Bank for Reconstruction and Development, private agencies (Ford Foundation, Rockefeller Foundation, Population Council, International Planned Parenthood Federation), national foreign aid agencies (Swedish International Development Authority, the Overseas Development Ministry of the United Kingdom and—when ready—the Canadian International Development Agency), the agencies of the U.S. Government (Agency for International Development, Center for Population Research and other appropriate bodies). A specific effort should be made to involve other donor nations with the capabilities of doing research in this field, such as Germany, Switzerland, and Japan. Similarly, developing nations should be encouraged to participate, such as India, Pakistan, Korea and others. Active participation of the Soviet Union, Yugoslavia, and interested countries of Eastern Europe should be solicited.

A specific effort should be made to bring into the program additional qualified institutions and researchers, in donor and developing countries, not now active in research in this field. Appropriate representation should be sought from the pharmaceutical industry.

The cooperative program should be a means of exchanging information on an organized basis among all participants and should serve as a clearing house for population research activities throughout the world. The participants should act to assure as far as possible that needs and capabilities for research are matched through exchange of information and informal arrangements and that donor governments and institutions consult together on their plans for financing research.

Participants in the program should meet at least once a year. A small continuing steering group may be found desirable.

Interested participants should be brought together initially by the International Bank for Reconstruction Development—in cooperation with the World Health Organization as recommended by the Pearson Committee, if this can be done within the next few months. If these agencies cannot act within a reasonably short time, some other auspices should be found for the first meeting. Subsequent meetings can be held under the continuing auspices of the first convenor or through arrangements made by the participants or the steering group. It would be advisable for the auspices and chairmanship of the Cooperative Program to be annually rotated among the major involved agencies.

TABLE 1.—COMPOSITE 5-YEAR BUDGET FOR POPULATION RESEARCH BY ALL AMERICAN AGENCIES

	Most current year <sup>1</sup>	1970	1971	1972	1973	1974
1. Research projects.....	61.9	128.8	187.8	234.5	252.4	262.3
(a) Contraceptive development.....	45.5	89.2	133.7	164.5	169.5	169.5
(b) Medical effects of contraceptives in use.....	3.2	8.8	11.0	13.3	14.8	15.8
(c) Population research in the social sciences.....	8.8	24.5	35.8	45.9	53.6	57.2
(d) Operational research <sup>2</sup> .....	4.4	6.3	7.3	10.8	14.3	19.8
2. Research training.....	6.6	20.0	25.0	26.0	28.0	30.0
3. Population research centers: <sup>3</sup>						
(e) Core support.....	12.5	13.4	16.0	20.0	18.5	17.0
(f) Construction.....	3.0	15.0	10.0	5.0	10.0	10.0
4. Scientific and technical information.....	.6	1.0	1.5	2.0	2.5	3.0
5. Total.....	84.6	178.2	240.3	287.5	311.4	322.3

<sup>1</sup> Data of current level of funding obtained from nonprofit and Federal agencies (see table 2). Estimate for investment for contraceptive development also includes contribution by the drug industry.

<sup>2</sup> Domestic estimates only.

TABLE 2.—POPULATION RESEARCH BUDGET OF ALL AMERICAN NONPROFIT AND FEDERAL AGENCIES WITH MAJOR PROGRAMS (MOST RECENT 12 MONTHS)

	Rockefeller Foundation (year ending Dec. 31, 1968)			Population Council (year ending Dec. 31, 1968)			Ford Foundation (year ending Sept. 30, 1969)			Federal Government (year ending June 30, 1969)			Total		
	Oomestic	Foreign	Total	Oomestic	Foreign	Total	Oomestic	Foreign	Total	Oomestic	Foreign	Total	Oomestic	Foreign	Total
1. Research projects.....	0.7	0.1	0.8	2.4	1.5	3.9	6.8	4.0	10.8	21.7	0.1	21.8	31.6	5.7	37.3
(a) Contraceptive development.....	.3	-----	.3	1.6	.5	2.1	4.3	1.7	6.0	12.4	.1	12.5	18.6	2.3	20.9
(b) Medical effects of contraceptives in use.....	-----	-----	-----	.5	.2	.7	.2	.2	.4	2.1	-----	2.1	2.8	.4	3.2
(c) Population research in the social sciences.....	.4	.1	.5	.3	.3	.6	2.0	2.0	4.0	3.7	-----	3.7	6.4	2.4	8.8
(d) Operational research.....	-----	-----	-----	.5	.5	.5	.3	.1	.4	3.5	-----	3.5	3.8	.6	4.4
2. Research training.....	-----	-----	-----	.5	-----	.5	2.2	1.6	3.8	2.3	-----	2.3	5.0	1.6	6.6
3. Population research centers:	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(a) Core support.....	3.2	.3	3.5	.1	.5	.6	6.5	.6	7.1	1.1	.2	1.3	10.9	1.6	12.5
(b) Construction.....	-----	-----	-----	-----	-----	-----	3.0	-----	3.0	-----	-----	-----	3.0	-----	3.0
(c) Construction.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
4. Scientific and technical information.....	.1	-----	.1	.1	-----	.1	.2	.1	.3	.1	-----	.1	.5	.1	.6
5. Total.....	4.0	.4	4.4	3.1	2.0	5.1	18.7	6.3	25.0	25.2	.3	25.5	51.0	9.0	60.0

TABLE 3.—POPULATION RESEARCH BUDGET OF FEDERAL AGENCIES WITH MAJOR POPULATION PROGRAMS (FISCAL YEAR 1969)

	DHEW										(Other relevant programs)							
	NICHD/CPR			Other DHEW 1			AID			Total 2								
	Do- mestic	For- eign	Total	Do- mestic	For- eign	Total	Do- mestic	For- eign	Total	Do- mestic	For- eign	Total	Census	Labor	NSF	Other NIH	NCHS	
1. Research projects.....	3 8.7	0.1	3 8.8	3.5	3.5	3.5	7.8	7.8	7.8	1.7	21.7	0.1	21.8	18.0	9.6	0.8	7.8	1.7
(a) Contraceptive development.....	3 (6.5)	(.1)	3 (6.6)				(5.9)	(5.9)	(5.9)		(12.4)	(.1)	(12.5)			(.2)	(7.2)	
(b) Medical effects of contracep- tives in use.....	(1.3)		(1.3)	(.8)		(.8)				(2.1)			(2.1)				(.6)	
(c) Population research in the social sciences.....	(.9)		(.9)	(.7)		(.7)	(1.4)	(.7)	(1.4)	(.7)	(3.7)		(3.7)	(18.0)	(9.6)	(.6)	(1.7)	
(d) Operational research.....				(2.0)		(2.0)	(.6)	(.6)	(.6)	(.9)	(3.5)		(3.5)					
2. Research training.....	2.3		2.3							2.3			2.3				1.2	
3. Population research centers:																		
(a) Core support.....							1.1	.2	1.3		1.1	.2	1.3				.2	
(b) Construction.....																	1.6	
4. Scientific and technical information.....	.1		.1							.1			.1					
5. Total.....	3 11.0	.2	3 11.2	3.5	3.5	3.5	8.9	.2	9.1	1.7	25.2	.3	25.5	18.0	9.6	.8	10.8	1.7

<sup>1</sup> Includes Food and Drug Administration, Children's Bureau, and Health Services and Mental Health Administration.<sup>2</sup> Total budget of agencies so defined as engaged in population research by the Bureau of the Budget.

TABLE 4.—AMOUNTS REQUIRED FOR CONTRACEPTIVE DEVELOPMENT<sup>1</sup> (INCLUDES AMOUNTS PROVIDED PRINCIPALLY BY FEDERAL AGENCIES, ROCKEFELLER FOUNDATION, POPULATION COUNCIL, THE FORD FOUNDATION, AND INDUSTRY)

[In millions]

Type of research	Latest fiscal year	Calendar year				
		1970	1971	1972	1973	1974
Total, short- and long-term approaches.....	45.5	89.2	133.7	164.5	169.5	169.5
A. Short-term approaches.....	20.4	40.2	60.7	70.5	66.5	61.5
Improved hormonal methods.....	11.9	20.7	32.2	37.0	34.0	30.0
Minipill.....	5.0	7.0	8.0	7.0	6.0	5.0
Injections.....	3.0	3.0	6.0	6.0	4.0	3.0
Once-a-month hormone administration.....	.5	2.0	3.0	3.0	2.0	2.0
Implants.....	1.5	3.0	6.0	6.0	6.0	3.0
Vaginal ring.....	.3	1.0	2.0	2.0	1.0	1.0
IUD's which incorporate hormones.....	.2	1.0	1.0	2.0	2.0	1.0
Skin absorption techniques.....	.1	.2	.2	1.0	1.0	2.0
Male implant.....	.3	.5	1.0	3.0	5.0	6.0
Postcoital hormones.....	1.0	3.0	5.0	7.0	7.0	7.0
IUD Improvements.....	3.0	6.0	6.0	6.0	6.0	6.0
Sterilization (physical).....	.9	3.5	6.0	6.0	7.0	7.0
Surgical (female).....	.5	2.0	2.0	2.0	1.0	1.0
Chemical (female).....	.2	1.0	2.0	2.0	3.0	3.0
Male sterilization.....	.2	.5	2.0	2.0	3.0	3.0
Other.....	4.6	10.0	16.5	21.5	19.5	18.5
Vaginal creme.....	.5	.8	1.3	1.3	.8	.5
Condom.....	.5	.7	1.2	1.2	.7	.5
Contraceptive films.....	.1	.5	2.0	2.0	1.0	.5
Rhythm.....						
Regulation of ovulation.....	2.0	4.0	6.0	6.0	6.0	6.0
Ovulation prediction.....	1.0	3.0	3.0	6.0	6.0	6.0
Systemic spermatotoxin.....	.5	1.0	3.0	5.0	5.0	5.0
B. Long-term Approaches.....	25.1	49.0	73.0	94.0	103.0	108.0
Menses Inducers (once-a-month pills).....	10.0	20.0	27.0	33.0	33.0	33.0
Releasing factor methods.....	3.0	6.0	6.0	6.0	6.0	6.0
Luteolysins:						
Synthetic.....	2.0	4.0	6.0	9.0	9.0	9.0
Natural.....	2.0	4.0	6.0	9.0	9.0	9.0
Antiprogastational agents.....	3.0	6.0	9.0	9.0	9.0	9.0
Postcoital contraception.....	1.5	3.0	6.0	9.0	9.0	9.0
Male methods.....	2.2	7.0	15.0	20.0	25.0	27.0
Androgen injections.....	0.6	2.0	5.0	6.0	8.0	9.0
Progestational implant.....	0.1	2.0	5.0	6.0	8.0	9.0
Chemical and physical inhibition of spermatogenesis.....	0.5	1.0	2.0	2.0	3.0	3.0
Seminal fluid alterations.....	1.0	2.0	3.0	6.0	6.0	6.0
Other female methods.....	6.5	14.0	19.0	23.0	27.0	30.0
Fertilization inhibitors.....	3.0	6.0	6.0	7.0	8.0	8.0
Use of decapitating factor.....	2.0	4.0	6.0	7.0	8.0	9.0
Female tract fluids alterations.....	1.0	3.0	4.0	5.0	6.0	7.0
Cycle lengtheners.....	0.5	1.0	3.0	4.0	5.0	6.0
Immunological approaches (e.g., antibodies to releasing factors, gonadotrophic hormones, steroids and steroidogenic enzymes, gametes, and zygotes).....	2.4	5.0	6.0	9.0	9.0	9.0

<sup>1</sup> Estimates derived by committee composed of Drs. Philip A. Corfman, director, Center for Population Research, NICHD, NIH; Denis J. Prager, acting chief, Contraceptive Development Branch, Center for Population Research, NICHD, NIH; Sheldon Sagal, vice president, The Population Council; Anna Southam, program advisor, Population program, The Ford Foundation; and Dr. Joseph Spaidal, deputy chief, Manpower and Research Division, State Department.

TABLE 5.—AMOUNTS REQUIRED FOR STUDIES OF THE MEDICAL EFFECTS OF CONTRACEPTIVES IN USE<sup>1</sup> (INCLUDES AMOUNTS PROVIDED BY FEDERAL AGENCIES, ROCKEFELLER FOUNDATION, POPULATION COUNCIL, AND THE FORD FOUNDATION)

[In millions of dollars]

Type of research	Latest fiscal year	Calendar year				
		1970	1971	1972	1973	1974
Total.....	3.2	8.8	11.0	13.3	14.8	15.8
Steroid contraceptives.....	2.6	7.3	9.3	10.9	12.4	13.4
Metabolic studies.....	1.0	2.5	3.0	3.5	4.0	4.5
Cancer.....	.3	2.0	2.5	3.0	3.5	4.0
Subsequent reproduction.....		.4	.4	.5	.5	.5
Clotting.....	.3	.4	.4	.4	.4	.4
Surveillance.....	1.0	2.0	3.0	3.5	4.0	4.0
IUO's.....	.6	1.0	1.2	1.5	1.5	1.5
Abortion.....		.3	.5	.5	.5	.5
Sterilization.....		.2	.3	.3	.4	.4

<sup>1</sup> Estimates derived by Drs. Philip A. Corfmen, Director, Center for Population Research, NICHD, NIH; and Daniel Seigel, statistician, epidemiology and biometry branch, NICHD, NIH, and amended by the committee as a whole.

TABLE 6.—AMOUNTS<sup>1</sup> REQUIRED FOR POPULATION RESEARCH IN THE SOCIAL SCIENCES<sup>2</sup>

[In millions]

Type of research	Latest fiscal year	Calendar year				
		1970	1971	1972	1973	1974
Total.....	8.8	24.5	35.8	45.9	53.6	57.2
Measurement of demographic trends and characteristics.....	4.1	8.2	10.8	13.7	16.4	17.2
Population laboratories.....		1.0	1.6	2.2	3.2	3.2
Growth surveys and sample registration systems.....		.6	1.2	1.8	2.4	3.0
Census methodology in developing nations.....		.6	1.0	1.8	2.0	2.0
Fertility and family planning surveys.....		4.5	5.0	5.5	6.0	6.0
Abortion surveys and pregnancy prevention studies.....		1.5	2.0	2.4	2.8	3.0
Government policies affecting population.....	.2	3.2	4.6	6.0	6.8	7.0
The ability of maternal and child health programs to serve as vehicles for family planning programs in developing nations.....		1.2	1.6	2.0	2.0	2.0
Population changes brought about by policies not intended to affect population.....		1.0	1.2	1.5	1.8	2.0
The effects of population policies on population change.....		1.0	1.8	2.5	3.0	3.0
Social, economic, and psychological factors effecting population change.....	3.8	8.0	11.5	14.4	16.3	17.0
Factors influencing family size values.....		2.5	3.5	4.5	5.0	5.0
Factors effecting success or failure in achieving desired family size.....		2.0	2.5	3.0	3.5	4.0
The influences on fertility of changes in family structure and in values governing sexual relations outside marriage.....		2.0	3.5	4.5	5.0	5.0
The correlates and determinants of patterns of internal migration.....		1.5	2.0	2.4	2.8	3.0
Social, economic, and environmental consequences of population trends.....	.7	2.9	4.5	6.2	7.8	9.0
The relationship between population growth and economic change.....		1.2	1.6	2.2	2.6	3.0
The effects on environmental quality of changes in population size and geographic distribution.....		.5	.9	1.3	1.7	2.0
The social and economic impact of migration on areas of origin and destination.....		.4	.8	1.2	1.6	2.0
The influences of differential rates of population growth on social structure.....		.5	.7	.8	.9	1.0
The effects of various patterns of family growth on the development of children.....		.3	.5	.7	1.0	1.0
Institutional support for population research centers in developing nations.....	0	1.2	1.9	2.6	3.3	4.0
Staff and project support for an international collaborative population research program among developed nations.....	0	1.0	2.5	3.0	3.0	3.0

<sup>1</sup> Includes amounts provided by Federal agencies, Rockefeller Foundation, Population Council, and the Ford Foundation.

<sup>2</sup> Estimates derived by committee composed of Arthur A. Campbell, Deputy Director, Center for Population Research, NICHD, NIH; Dr. Joseph Cavanaugh, Chief, Manpower and Research Division, Population Service, State Department; Dr. Jerry Combs, Jr., Chief, Behavioral Sciences Branch, Center for Population Research, NICHD, NIH; Dr. Edwin Driver, University of Massachusetts; W. Perker Meuldin, Vice President, The Population Council; and Dr. Gooloo Wunderlich, Office of the Secretary, Department of Health, Education, and Welfare.

TABLE 7.—AMOUNTS<sup>1</sup> REQUIRED FOR OPERATIONAL RESEARCH IN POPULATION AND FAMILY PLANNING<sup>2</sup>

{In millions}

Type of research	Latest fiscal year	Calendar year				
		1970	1971	1972	1973	1974
Total.....	4.4	9.1	13.1	20.1	27.7	34.8
Planning and development.....	.6	1.3	1.6	2.5	3.3	4.0
Service network and delivery system.....	1.2	2.3	3.8	5.8	7.5	10.0
Communications and education.....	.8	1.8	2.4	3.7	6.0	6.2
Manpower development and utilization.....	1.1	2.1	3.2	5.0	6.8	9.5
Evaluation.....	.7	1.6	2.1	3.1	4.1	5.1

<sup>1</sup> Includes amounts provided by Federal agencies, Rockefeller Foundation, Population Council, and the Ford Foundation.<sup>2</sup> Estimates derived for domestic requirements by a committee consisting of Dr. Norman Hilmar, Chief, Program Liaison Branch, Center for Population Research, NICHD, NIH; Dr. Carl Shultz, Director, Office of Population and Family Planning, Office of the Secretary, DHEW; Arthur A. Campbell, Deputy Director, Center for Population Research, NICHD, NIH; Lenni Kenges, Population Service, AID; Mel Taff, Jr., OPPE-HSMHA; Dr. Samuel Wishik, International Institute for the Study of Human Reproduction, Columbia University; Frederick Jeffer, Director, Center for Family Planning Program Development, Planned Parenthood-World Population; and Dr. Hymen Goldstein, Maternal and Child Health, HSMHA. Foreign requirements were derived by consultation among Lenni Kenges and Dr. Joseph Spidel of AID with Arthur A. Campbell and Dr. Norman Hilmar of CPR, NICHD-NIH.

Mr. ROGERS. In a letter to Senator Eagleton, Creed Black indicated you had worked out a new organizational plan for the Department in the area of family planning services.

He then set forth specific features of the plan. Have you seen that letter?

Dr. HELLMAN. Yes, sir.

Mr. ROGERS. Is it still accurate in all respects?

Dr. HELLMAN. Yes, sir; it is.

Mr. ROGERS. Thank you.

It is my understanding, Mr. Secretary, that you feel you have set up an organizational plan in the Department which in effect carries out an agreement with the Senate, although you prefer us not to write that organizational plan into the law.

Is that correct?

Secretary RICHARDSON. That is correct. I would only add that the essential outline of this plan were already in being at the time of the discussion of the matter with the Senate.

It is our understanding that the organizational structure as it is now established does reflect the views of the concerned Senators as to how it should be done, subject only to this difference of view as to the desirability of instituting them by statute.

Mr. ROGERS. Are there any other questions?

Dr. Carter?

Mr. CARTER. Yes, I have one or two, is that all right?

Mr. ROGERS. Certainly.

Mr. CARTER. We were talking about research as to different methods of birth control. Private enterprise has done a rather good job on this, has it not?

Sometimes I think that we don't take advantage of all the yankee ingenuity which has helped us so much in the past, and so many times we—when government goes into research, it is a great waste and probably many more advances that have been made by private enterprise, we should reward them a little bit more, and I feel that this is a field in the development of contraceptive methods which might well be left to them since they have come up with the intrauterine devices, and the pill, if we want to call it that.

Thank you, Mr. Chairman.

Secretary RICHARDSON. This, of course, is true, Dr. Carter and Mr. Chairman. There have been expenditures by the drug houses alone in recent years, an annual investment in contraceptive development at the rate of about \$20 million a year.

Mr. CARTER. Yes, sir.

Mr. ROGERS. Dr. Egeberg?

Dr. EGEBERG. We have also had a meeting in our office with some of the people representing research in the private area, in the drug houses. We listened to their worries about such things as patents and our study on what we can do to encourage rather than inhibit development in the private area.

Mr. CARTER. I am glad to hear that.

Mr. ROGERS. Mr. Secretary, could you furnish for the record, too, please the number of women presently being served by current programs and the projection of the number of women to be served as the Department envisions under the program as outlined?

Secretary RICHARDSON. We would be glad to do that.

I would like to add, too, Mr. Chairman, the thought that it might be useful to include, too, in the same submission, something to indicate the derivation of the 5 million women figure we have used. This, of course, is an estimate, but I think it might be useful to the committee to see how it has been developed, with the other data you have requested.

Mr. ROGERS. It would be helpful, and we would appreciate it.

(The following documents were received for the record:)

#### NUMBER OF WOMEN RECEIVING FAMILY PLANNING SERVICES THROUGH FEDERALLY SUPPORTED PROJECTS

The Department has received reports from the States and 53 Maternity and Infant Care projects that over 480,000 women received family planning services during fiscal year 1969 supported by maternal and child health formula grants and MIC project grants. It is estimated that during that period about 250,000 women received services with funds available from the Office of Economic Opportunity. About 30,000 are estimated to have received services during FY 1969 through the direct service programs operated by DHEW through the Indian Health Service and the Federal Health Programs Service. Title XIX of the Social Security Act (Medicaid) provided reimbursement to the State for services to an estimated 200,000 women during FY 1969. Combining reports with estimates a figure of just under one million women served during FY 1969 is obtained.

During FY 1970 it is estimated that about 500,000 women will have received services through the Maternal and Child Health Formula Grants and Maternity and Infant Care Projects; 250,000 women will have received services through the family planning services special project grants; 350,000 through OEO family planning services project grants; 40,000 through HEW direct services programs; and 230,000 through Medicaid. The combined estimate for women served during FY 1970 is 1,370,000.

During FY 1971 it is estimated that about 500,000 women will receive services through the Maternal and Child Health Formula Grants and Maternity and Infant Care Projects; 470,000 through the family planning services special project grants; 520,000 through OEO family planning services project grants; 50,000 through HEW direct service programs; and 320,000 through Medicaid. The estimated total service during FY 1971 would be well over 1,800,000.

The above estimates are based on the reality that Federal funds are obligated late in the fiscal year and the services which they purchase are actually provided during the subsequent fiscal year. Therefore, these estimates do not coincide with the estimates which have appeared in the Special Analysis of Budget of the

United States. The estimates given here are based on the current accepted annual cost per patient for medical family planning services by the Office of Management and Budget of \$50.00. This includes the cost of "out reach."

To achieve the goal set forth in the President's Message of providing adequate family planning services to all those who want them but cannot afford them within a five-year period will require annual increments of approximately \$40,000,000 to provide services for an additional 800,000 women in each fiscal year. This is based on an anticipated 1,800,000 women serviced during FY 1971. Utilizing the projected increases in support during FY 1971 and subsequent years it should be possible to achieve our national goal.

NUMBER OF WOMEN RECEIVING FAMILY PLANNING SERVICES UNDER MATERNAL AND CHILD HEALTH PROGRAMS,  
FISCAL YEAR 1969

State	Total	Identified as—	
		New admissions	Carried forward
United States.....	395,200	162,000	135,000
Alabama.....	48,300	27,900	20,300
Alaska.....	430		
Arizona.....	4,500	3,000	1,500
Arkansas <sup>1</sup> .....	4,000	(?)	(?)
California <sup>2</sup> .....	43,600	24,000	19,600
Colorado.....	6,000		
Connecticut.....			
Delaware.....	690	400	290
District of Columbia.....			
Florida.....	52,100	25,000	27,200
Georgia.....	30,100	21,300	8,800
Guam.....	700		
Hawaii.....			
Idaho.....	130	130	
Illinois <sup>3</sup> .....			
Indiana.....	3,000	2,700	280
Iowa.....			
Kansas.....			
Kentucky.....	5,600		
Louisiana.....			
Maine.....	580		
Maryland <sup>4</sup> .....	4,100		
Massachusetts.....			
Michigan.....	7,200	(?)	(?)
Minnesota.....			
Mississippi.....	14,600	6,300	8,300
Missouri.....			
Montana.....			
Nebraska.....	1,500	1,500	
Nevada.....			
New Hampshire.....			
New Jersey.....			
New Mexico.....	2,900	1,600	1,400
New York.....	4,900	4,200	3,700
North Carolina.....	24,000	11,400	12,600
North Dakota.....			
Ohio.....	55,000	(?)	(?)
Oklahoma.....			
Oregon.....	1,200		
Pennsylvania.....			
Puerto Rico.....	13,000		
Rhode Island.....			
South Carolina.....	23,100	7,300	15,800
South Dakota.....			
Tennessee.....	17,100	8,600	8,500
Texas.....	10,200	4,600	5,600
Utah.....	430		
Vermont.....			
Virgin Islands.....	430		
Virginia.....	9,200	9,200	
Washington.....	3,300	2,200	1,100
West Virginia.....	580	480	100
Wisconsin.....			
Wyoming.....	53	41	12

<sup>1</sup> Visits reported—women estimated.

<sup>2</sup> Data not reported.

<sup>3</sup> Data not reported for 5 counties in California and 1 county (Cook), in Illinois.

<sup>4</sup> Does not include Baltimore City.

NUMBER OF NEW ADMISSIONS TO FAMILY PLANNING SERVICES UNDER MATERNITY AND INFANT CARE PROJECTS  
BY REGION AND PROJECT—FISCAL YEAR 1969

Region and project	New family planning admissions	Contraceptive method selected				Other services
		Intrauterine device	Oral	Rhythm	Other	
Total.....	86,500	13,200	62,000	150	8,500	3,000
I—Boston:						
532—Hartford, Conn.....	900	200	630	1	68	3
541—Providence, R.I.....	210	9	170	30	0	0
553—Augusta, Maine.....	92	31	43	0	17	1
554—Boston, Mass.....	1,600	170	1,100	9	200	110
II—New York City:						
507A—New York City <sup>1</sup> .....	11,700	1,400	8,600	13	1,700	0
B—N.Y. Medical College.....	430	130	280	0	22	0
C—Albert Einstein.....	1,500	360	1,000	0	130	0
510—Philadelphia, Pa.....	3,300	1,100	1,700	50	430	0
512—Buffalo, N.Y.....	41	17	23	0	1	0
520—Newark, N.J.....	250	1	270	0	79	0
529—Allegheny County, Pa.....	540	(?)	(?)	(?)	(?)	540
III—Charlottesville:						
501—Baltimore, Md.....	2,900	180	1,600	0	880	180
504—Morgantown, W. Va.....	500	280	220	0	4	1
505—Puerto Rico, I.....	410	47	320	7	36	1
508—Puerto Rico, II.....	(?)	(?)	(?)	(?)	(?)	(?)
521—Southeast Counties, Ky.....	380	76	260	2	35	5
525—Washington, D.C.....	7,000	1,100	5,400	0	540	0
526—North Carolina (I and II).....	750	240	480	0	30	2
528—Kanawha County, W. Va.....	450	22	420	0	3	7
552—Richmond, Va.....	1,400	77	1,200	0	170	46
IV—Atlanta:						
506—Augusta, Ga.....	2,300	830	560	0	130	810
515—Dade County, Fla.....	4,500	990	2,200	0	1,300	20
516—Atlanta, Ga.....	1,900	440	810	0	420	200
531—Charleston, S.C.....	1,300	280	1,000	0	3	0
534—Hinds-Rankin Counties, Miss.....	460	140	230	0	3	79
539—Orange County, Fla.....	1,500	330	920	0	260	0
542—Greenville, S.C.....	640	130	470	2	9	36
544—Birmingham, Ala.....	330	0	330	0	0	0
546—Gainesville, Fla.....	1,200	270	730	0	160	0
547—Ft. Lauderdale, Fla.....	1,600	130	1,200	0	160	190
550—Palm Beach, Fla.....	1,200	380	680	0	110	0
551—Mobile, Ala.....	1,400	590	720	9	110	11
V—Chicago:						
502—Chicago, Ill.....	13,100	870	11,900	0	350	0
503—Detroit, Mich.....	3,500	390	2,800	0	220	130
524—Cleveland, Ohio.....	800	75	670	0	50	0
545—Cincinnati, Ohio.....	1,100	48	870	0	89	76
VI—Kansas City:						
509—Minneapolis, Minn.....	680	130	510	1	26	6
518—St. Louis, Mo.....	700	88	570	0	45	0
527—Omaha, Nebr.....	840	32	800	0	4	0
536—St. Louis, County, Mo.....	440	46	380	0	11	0
549—St. Paul, Minn.....	490	90	360	10	26	0
VII—Dallas:						
513—Little Rock, Ark.....	1,200	380	720	0	91	0
535—Houston, Tex.....	5,700	460	5,000	1	230	0
538—Sherman, Tex.....	170	20	120	0	3	24
555—Albuquerque, N. Mex.....	63	3	60	0	0	0
VIII—Denver:						
522—Tri-County, Colo.....	420	58	290	9	41	22
523—Denver, Colo.....	2,400	76	2,200	0	210	0
540—Boise, Idaho.....	89	15	70	0	1	3
IX—San Francisco:						
511—Portland, Oreg.....	300	14	190	2	22	69
519—San Francisco, Calif.....	44	2	40	0	2	0
530—Honolulu, Hawaii.....	310	97	180	2	22	16
533—Berkeley, Calif.....	120	21	75	1	22	0
537—Seattle-King County, Wash.....	1,300	300	580	2	27	410
543—Reno, Nev.....	(?)	(?)	(?)	(?)	(?)	(?)
548—Los Angeles, Calif.....	(?)	(?)	(?)	(?)	(?)	(?)

<sup>1</sup> Includes health insurance plan subproject.

<sup>2</sup> Data not reported.

**PROJECTS FROM THE OFFICE OF ECONOMIC OPPORTUNITY WITH MAJOR EMPHASIS  
ON RESEARCH IN THE ORGANIZATION AND DELIVERY OF FAMILY PLANNING SERVICES**

**Total project expenditures, fiscal year 1970, \$482,501**

**Location :** Chapel Hill, North Carolina.  
**Grantee :** The University of North Carolina.  
**Adm. Agency :** Same.  
**Grant :** \$59,741.  
**T.P. :** \$59,741.  
**Period :** July 1, 1970 to July 31, 1971.  
**Grant No. :** 9869A.

The Department of Maternal and Child Health of the UNC Public Health School will continue a long-term followup of a sample of the 30 to 40 percent of eligible women in Mecklenburg County who are in need of subsidized family planning services. Follow-up focuses on changes in knowledge, attitudes, and practices, fertility; actual and desired family size; and socioeconomic status.  
**Location :** Raleigh, N.C.  
**Grantee :** Shaw University.  
**Adm. Agency :** Same.  
**Grant :** \$90,190.  
**T.P. :** \$90,190.  
**Period :** October 1, 1969 to September 30, 1970.  
**Grant No. :** 8583A.

The project is exploring ways of providing sex information and counseling to sexually active, unmarried low-income adolescents. Weekly sessions are held for an average of 40 teenagers; nonprescription contraceptives are provided those in need. The project seeks to develop better ways of educating parents concerning teenage sexual attitudes and practices.  
**Location :** Pittsburgh, Pa.  
**Grantee :** University of Pittsburgh.  
**Adm. Agency :** Same.  
**Grant :** \$47,670.  
**T.P. :** \$62,670.  
**Period :** August 1, 1970 to July 31, 1971.

This project will develop and apply a questionnaire to document the fertility attitudes and behavior of 500 male heads of families receiving public assistance. This project deals with white males, previous studies have usually been directed toward females.  
**Location :** San Saba, Tex.  
**Grantee :** Hill Country CAA, Inc.  
**Adm. Agency :** Same.  
**Grant :** \$75,689.  
**T.P. :** \$83,445.  
**Period :** July 1, 1970 to July 31, 1971.  
**Grant No. :** 6802A.

This project is a demonstration program to provide services through private physicians in five rural counties. Since there is no local public transportation, this approach will attempt to develop new methods of dispensing contraceptive supplies to patients in rural areas.  
**Location :** New York City, N.Y.  
**Contractor :** Center for Family Planning Program. Development Planned Parenthood. World Population.  
**Contract :** \$209,211.  
**Period :** June 30, 1970 to June 30, 1971.

This survey research project is producing detailed information on the number and location of women in need of family planning services, as well as the existing resources that could be mobilized to meet this need. The initial publication produced under this contract, "Need for Subsidized Family Planning Services: United States, Each State and County, 1968," has made systematic national program planning possible.

## THE ROLE OF FAMILY PLANNING IN THE REDUCTION OF POVERTY\*

(By Arthur A. Campbell\*\*)

*The prevention of unwanted births would have a substantial economic impact on families living in poverty. Using conservative assumptions, the costs of family-planning programs are estimated to average \$300 to prevent every unwanted birth that would otherwise have occurred. Over the years, however, the avoidance of an unwanted child would save the family an average of \$8,000 in the costs of child care. It would also enable couples to add an average of \$600 to their annual incomes over a four-year period by making it possible for some of the wives to work. When all of these savings and added earnings are discounted to the year in which the unwanted births were prevented, the total economic benefits average \$7,800 for every \$300 spent on family-planning services. The ratio of benefits to costs is 26 to 1.*

## INTRODUCTION

One of the major hurdeus of the poor is the large number of children dependent on them. In 1966, poor adults of working age (18-64) had over twice as many children to provide for, on the average, as did adults with adequate incomes.<sup>1</sup>

It is clear from survey findings that many couples living in poverty do not want as many children as they have.<sup>2</sup> The degree to which the high fertility of the poor results from restricted access to effective and acceptable methods of contraception is not accurately known, but is undoubtedly large. This is suggested by the widespread acceptance by the poor of family-planning services offered to them through organized public and private programs. Such programs are seen, therefore, as efforts to help poor couples achieve their own family-size goals. They are not considered to be a means of reducing the rate of growth of a segment of the population or of the total population. Their main purpose is simply to offer to poor couples a greater measure of control over a vital element in their own lives.

So far, only a small proportion of poor couples who need help in controlling their fertility have been reached by programs financed by private agencies or by federal, state, and local governments. This paper presents national estimates of the magnitude of the problem of unwanted fertility among the poor and indicates the economic impact that publicly supported family-planning programs may be expected to have on the population living in poverty. Although these estimates are necessarily rough, they are probably sufficient to suggest the dimensions of the problem and of the efforts required to solve it.

The definitions of the "poor" and "near-poor" populations used in this paper are those developed by the Social Security Administration. These definitions take into account the family's total income, the number of people living in the family, whether the family is headed by a man or a woman, and whether or not the family lives on a farm. For example, a nonfarm family of four, headed by a man, is considered to be "poor" if the total family income in 1965 was below \$3,200 and "near-poor" if the income was between \$3,200 and \$4,150.

## THE DIMENSIONS OF THE PROBLEM

The statement that the poor have high fertility is, in part, redundant. Because the definition of poverty is based upon both income and number of people in the household, the families designated as "poor" or "near-poor" tend to have more children than other families. This qualification is not intended to discount the importance of high fertility as a factor in perpetuating poverty, but only to draw attention to the fact that the fertility of the poor will always be high, assuming that we continue to use the criterion of family size in defining poverty. Even if

\*Research for this paper was carried out April-June, 1967.

\*\*Arthur A. Campbell, B.A., is Chief, Natality Statistics Branch, National Center for Health Statistics, U.S. Public Health Service.

<sup>1</sup>These and other estimates of the fertility of the poor, near-poor, and non-poor are derived from special tabulations by the Bureau of the Census from the Current Population Survey for March, 1966. Poverty status has been defined with the use of the Social Security Administration's criteria, which are described in Mollie Orshansky, "Who's Who Among the Poor: A Democratic View of Poverty," *Social Security Bulletin* (July, 1965).  
<sup>2</sup>Pascal K. Whelpton, Arthur A. Campbell, and John E. Patterson, *Fertility and Family Planning in the United States*, Princeton, N.J.: The Princeton University Press, 1966, p. 243.

the proportion of people designated as "poor" and "near-poor" declines from its current level of 25 percent to 5 percent of the population, that 5 percent will have high fertility—possibly even higher than the fertility of today's 25 percent. Therefore, it would not be appropriate to judge the effectiveness of publicly supported family-planning programs by following trends in the fertility of the population remaining in poverty may tend to be those that did not participate in family-planning programs.

The approach taken here is to estimate the recent annual fertility of women of childbearing age who were counted among the poor and near-poor in March 1966 and then to estimate the extent to which the fertility of these women might have been reduced by offering them effective methods of contraception. However, for the reasons stated above, this will not indicate the extent to which the fertility of these women might have been reduced by offering them effective methods of contraception. However, for the reasons stated above, this will not indicate the extent to which the fertility of the women *remaining* in poverty in future years will be reduced. We intend only to contrast the actual recent situation with a hypothetical situation in which women have adequate control of their fertility.

According to the estimates described in Appendix A, poor and near-poor women of child-bearing age (15-44 years) had an average of 153 births per 1,000 women during the six-year period 1960-1965. This compares with a rate of 98 for women in the non-poor population. Inasmuch as the rate of 98 is consistent with an ultimate family size of about three children, on the average, and inasmuch as three is the average number of children wanted by most Americans, regardless of race or economic status,<sup>3</sup> we have assumed that the poor and near-poor would also have a fertility rate of 98 births per 1,000 women *if they had the same access to effective methods of contraception as the non-poor*. In other words, we do not assume that they would avoid all unwanted births, just as the non-poor have not achieved perfect control over their fertility. We are simply assuming that equal access to effective contraception would enable the poor and near-poor to be as successful as the non-poor in avoiding unwanted births. The difference between the actual fertility of the poor and near-poor (153 births per 1,000 women 15-44) and the fertility of the non-poor (98) may, then, be taken as a measure of the "excess" fertility of the poor and near-poor. This amounts to 55 births per 1,000 women 15-44 annually for the period 1960-1965.

Assuming that the rate of excess fertility continued at this level, the 8.2 million poor and near-poor women of reproductive age had approximately 451,000 unwanted births in 1966 that might otherwise have been avoided. This represents 36 percent of all births among the poor and near-poor and 12 percent of all births in the United States. Even granting some degree of inaccuracy in these estimates, it is evident that the problem of unwanted childbearing among the poor is one of major proportions.

Although this may appear to be a high estimate of unwanted childbearing, it seems to be consistent with other evidence. For example, the 1960 survey cited above showed that among white married couples, the combination of low educational attainment and low income resulted in severe excess fertility: if the wife had not gone to high school and if the husband earned less than \$4,000 a year, then 39 percent did not want as many children as they already had.<sup>4</sup> In addition to such couples, one would have to consider the higher rates of excess fertility among poor Negro married couples<sup>5</sup> and the high levels of illegitimate fertility among the poor.

#### PROBLEMS OF TIMING

The problem of fertility control has two major aspects: the control of child-spacing and the limitation of completed family size. Although major attention has focussed on the problem of large families and excess fertility, as discussed in the preceding section, the problem of adequate child-spacing may be of greater strategic importance for poor couples. Freedman has shown that early childbearing and close spacing of births are serious obstacles in young couples' efforts to improve their economic position.<sup>6</sup> The burden of too many children too soon can

<sup>3</sup> Among women interviewed in 1960, white wives wanted an average of 3.3 children, and nonwhite wives wanted an average of 2.9. See *ibid.*, p. 44.

<sup>4</sup> *Ibid.*, p. 248.

<sup>5</sup> *Ibid.*, p. 361-369.

<sup>6</sup> Ronald Freedman, "Final Project Report, Economic Status, Unemployment, and Family Growth," Social Security Administration Project No. 107-03-043 and continuation Project No. 107(C1)-4-083 (mimeographed).

be so heavy that the couple never manages to provide adequately for themselves or their children.

Also, the failure to adopt effective fertility-control measures early in marriage may adversely affect the couple's ability to limit the total number of children they eventually have. A 1960 survey showed that among 18-30-year-old white wives with little education (a major component of the poverty group), 82 percent had borne more children than they or their husbands wanted, and half of these (or 15 percent of the total) had failed to use contraception *before* they had more children than they wanted.<sup>7</sup> It is clear from this and other research that it is important to begin efforts to control fertility early in the childbearing period.

The importance of child spacing is emphasized here, because many of the publicly supported family-planning programs now in operation first reach the mother when she is in the hospital to give birth to a child. Although there are many good reasons for taking advantage of the maternity-ward setting, there should be additional programs to reach the potential mother before she has her first child. In a very real sense, it may be more important to delay the first child than to prevent the seventh.

The timing of the first birth is of crucial strategic importance in the lives of young women, because the need to take care of a baby limits severely their ability to take advantage of opportunities that might have changed their lives for the better. In this regard, the problems posed by births to unmarried women are especially serious. The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life's script written for her. She will probably drop out of school; even if someone else in her family helps to take care of the baby, she will probably not be able to find a steady job that pays enough to provide for herself and her child; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few, and most of them are bad. Had she been able to delay the first child, her prospects might have been quite different, assuming that she would have had opportunities to continue her education, improve her vocational skills, find a job, marry someone she wanted to marry, and have a child when she and her husband were ready for it. Also, the child would have been born under quite different circumstances and might have grown up in a stable family environment.

Although it is not possible to estimate accurately the level of illegitimate fertility among the poor, it appears to be on the order of 16 percent of all births to poor and near-poor women, compared with about two percent for the non-poor. The method of preparing these estimates is presented in Appendix B.

The estimate that 16 percent of the births to the poor and near-poor are illegitimate seems somewhat low in view of other evidence. Data from the Census Bureau's survey of March 1966, show that among children under 18 who are living with women of reproductive age (in most cases, their mothers) 23 percent are in female-headed households. Not all of these households are headed by unmarried women, but many of them are. (The comparable proportion for children not counted among the poor or near-poor is only three percent.) However, even if 16 percent is a low estimate of illegitimacy for poor and near-poor births, it cannot be very low if the maximum possible estimate is 21 percent, as indicated in Table B-1 at the end of this article.

The proportions illegitimate for the poor and near-poor in Table B-1 are consistent with rates of approximately 68 illegitimate births per 1,000 unmarried women 15-44 years of age annually, compared with eight per 1,000 for women who are not included in either of the poverty groups. This level of illegitimate fertility implies that, among the poor and near-poor, approximately 18 percent of the girls have had an illegitimate birth by the time they reach their twentieth birthday. It should be emphasized that such estimates are based on slim and fragmentary evidence. They are cited simply to suggest the order of magnitude of the problems of fertility control among the poor and near-poor.

#### FERTILITY-RELATED CHARACTERISTICS OF THE POOR AND NEAR-POOR

In order to estimate the number of persons that might be served in publicly supported family-planning programs, we need some information about characteristics affecting exposure to the risk of conception—particularly, the age and

<sup>7</sup> Whelpton *et al.*, *op. cit.*, p. 248.

marital status of the women in the child-bearing years of life. In addition, it will be necessary to estimate the prevalence of reproductive impairments in the population and the number of women who do not need to use contraception because they are pregnant or trying to conceive.

Table 1 presents estimates of the number of women 15-44 years of age in 1966 for the poor, near-poor, and non-poor. Inasmuch as these estimates relate to the noninstitutional population, comparable data are also shown for the total resident population of the United States, which is used in the computation of age-specific fertility rates for the nation as a whole. The two populations differ by only 1.1 percent.

As these data show, the poor and near-poor populations contain somewhat higher proportions of younger women (ages 15-19) than does the non-poor population of reproductive age. The excess at ages 15-19 in the poverty groups is balanced by a relative deficit at the older childbearing ages, 40-44. These findings are somewhat surprising. In view of the fact that the definitions of the poor and near-poor are selective of women with relatively many children, one might have expected a higher proportion of older women in the two poverty groups. However, this is not the case. Instead, as far as their age distributions are concerned, the poor and near-poor have a greater potential for future childbearing than the non-poor.

Table 2 shows the widespread extent of marital instability among the poor and near-poor. The proportion of women in the modal marital status for our society (married, husband present) is only 45 percent for the poor, 62 percent for the near-poor, and 67 percent for the non-poor. The proportions of women who have been married but are no longer living with a husband are 24 percent for the poor, 12 percent for the near-poor, and only five percent for the non-poor. Thus, the disruption of marital ties, for whatever reason, is nearly five times as common among the poor as among the non-poor. Poor and near-poor women are more likely to have been widowed, divorced, separated, or simply living apart from their husbands than non-poor women.

TABLE 1.—NUMBER OF WOMEN 15 TO 44 YEARS OF AGE, BY AGE AND POVERTY STATUS—UNITED STATES, 1966

Age	Total resident population <sup>1</sup> (July 1, 1966)	Noninstitutional population (March, 1966) <sup>2</sup>				
		Total	Poor and near poor	Poor	Near poor	Other
Number of women:						
15-44.....	39,512,000	39,076,000	8,208,000	5,657,000	2,551,000	30,868,000
15 to 19.....	8,806,000	8,605,000	*2,091,000	*1,516,000	*575,000	*6,514,000
20 to 24.....	6,981,000	6,881,000	1,385,000	920,000	465,000	5,496,000
25 to 29.....	5,840,000	5,761,000	1,249,000	869,000	380,000	4,512,000
30 to 34.....	5,527,000	5,510,000	1,264,000	855,000	409,000	4,246,000
35 to 39.....	5,987,000	5,988,000	1,188,000	797,000	391,000	4,800,000
40 to 44.....	6,371,000	6,333,000	1,032,000	701,000	331,000	5,301,000
Percent distributions by age:						
15 to 44.....	100.0	100.0	100.0	100.0	100.0	100.0
15 to 19.....	22.3	22.0	25.5	26.8	22.5	21.1
20 to 24.....	17.7	17.6	16.9	16.3	18.2	17.8
25 to 29.....	14.8	14.7	15.2	15.4	14.9	14.6
30 to 34.....	14.0	14.1	15.4	15.1	16.0	13.8
35 to 39.....	15.2	15.3	14.5	14.1	15.3	15.6
40 to 44.....	16.1	16.2	12.6	12.4	13.0	17.2

<sup>1</sup> U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 352, November 18, 1966, p. 15.

<sup>2</sup> Derived from special tabulations by Bureau of the Census from the Current Population Survey for March 1966.

<sup>3</sup> Estimated from tabulations showing age groups 14-17 and 18-19 for the female population. It was assumed that the proportion of 14-17-year-old women who were age 14 was the same in each component of the noninstitutional population as it was in the total resident population: 25.7 percent.



It is difficult to judge how the greater marital instability among the poor and near-poor affects their fertility. It may reduce their exposure to sexual intercourse, relative to that among the non-poor. However, the reduced exposure due to smaller proportions married and living with a husband may be compensated for by irregular sexual unions. This conclusion is consistent with the information on illegitimacy presented earlier. On balance, we have no reason to believe that the poor and near-poor have a substantially lower exposure to the risk of conception than the non-poor. It may be somewhat lower, but the difference is probably not great.

Estimates of the proportion of women exposed to the risk of conception in any population are necessarily rough. For present purposes, it has been assumed that all married women are at risk and 50 percent of the unmarried. This yields an estimate 82 percent of the number of the poor and near-poor women 15-44 years of age. This estimate is intended to include women who are regularly exposed to the risk of conception as well as those who are only occasionally exposed.<sup>8</sup>

The prevalence of sterility among the poor and near-poor is probably similar to that for the general population. This conclusion is based on a review of the evidence for socioeconomic differences in the prevalence of fecundity impairments in a 1960 study of family planning. Although it is true that for white couples the proportion of couples with fecundity impairments is greater among the less educated (who are more likely to be poor and near-poor), it is also true that this proportion is about the same for white and nonwhite couples.<sup>9</sup> For present purposes it was assumed that socioeconomic differences in the prevalence of sterility were too small to affect our estimates substantially. Proportions sterile, by age, were obtained from a smoothed set of percentages developed from the survey data referred to above and applied to the number of poor and near-poor women, by age, shown in Table 1. This yielded an estimate of 13 percent sterile.<sup>10</sup>

In our estimate of the need for contraception among the poor and near-poor, we must also deduct an allowance for women who are pregnant or seeking pregnancy. This allowance should be consistent with the desired fertility of the poor, rather than with the recent actual fertility, if we want the estimates to reflect the number of women who need contraception. The assumed desired fertility rate of 98 births per 1,000 women 15-44 years of age means that 9.7 percent of the women have a baby during the year (a one-percent allowance has been deducted for women who have twins). Assuming a fetal death rate of 150 fetal deaths is probably an underestimate of actual fetal deaths), 11.4 percent of the women are pregnant during the year. Assuming that each pregnancy lasted eight months, on the average, (nine months for full-term babies and three months for fetal deaths), then two-thirds of these women were pregnant at any one time during the year and would not be in need of contraceptive services at that time. This gives us an estimate of 7.6 percent who do not need contraceptive services because of pregnancy.

<sup>8</sup> The estimate that 50 percent of the unmarried are exposed to the risk of conception is based on the assumption that the monthly risk of conception (fecundability) for women regularly engaged in intercourse is .2. If the proportion of unmarried women having a birth in any given year is 6.8 percent (see the preceding section of this report), then approximately 8 percent were pregnant during the year (allowing for 15-percent fetal wastage). Assuming 8 percent pregnant and a fecundability of .2, the proportion of women exposed to the risk of conception must have been at least 8.6 percent, (assuming that none of them used contraception. If 60 percent of those engaging in intercourse did use contraception, however, then 12.7 percent must have been engaged in intercourse regularly. If we further assume that sexual union was less regular among the unmarried than the married, the proportion of all unmarried women engaging in intercourse is some multiple of 12.7. If we assume that the frequency of intercourse among unmarried women is only 25 percent of that among married women, then the appropriate multiple is 4. This yields an estimate of 50.8 percent of unmarried women who have intercourse only occasionally. The purpose of elaborating this train of tenuous assumptions is simply to show that we have to make some fairly exaggerated assumptions even in order to arrive at an estimate that 50 percent of the unmarried women have intercourse occasionally. A lower estimate would probably be somewhat more defensible.

<sup>9</sup> Whelpton *et al.*, *op. cit.*, pp. 158 and 352.

<sup>10</sup> This is consistent with the proportion of couples classified as "definitely sterile" and "probably sterile" in the 1960 study cited above. It does not include an allowance for the less severe impairments found among those classified as "possibly sterile" and "possibly fecund" in this study, because the women in these two categories still need contraception, even though their risk of conception is below normal.

TABLE 3.—ESTIMATED NUMBER OF POOR AND NEAR-POOR WOMEN 15 TO 44 YEARS OF AGE WHO NEED CONTRACEPTIVE SERVICES: UNITED STATES, MARCH 1966

Item	Number of women	Percent
Total.....	8,208,000	100
Deductions:		
Not exposed to risk.....	1,477,000	18
Sterile.....	1,067,000	13
Pregnant or trying to conceive.....	1,067,000	13
All deductions.....	3,611,000	44
Remainder who need contraception.....	4,597,000	56

It is difficult to estimate the proportion of women who are trying to get pregnant at any one time, because the time it takes to conceive varies considerably from couple to couple. Consequently, the distribution of conception waits is quite skewed. As a rough approximation, let us assume that it takes an average of six months to conceive (excluding two months for the puerperal period). If 11.4 percent of women become pregnant in any one year (which is consistent with the assumptions in the preceding paragraph), then half that proportion, or 5.7 percent, are trying to get pregnant at any one time and have no need for contraceptive services.

In summary, the allowance for current pregnancies is assumed to be 7.6 percent, and the allowance for women trying to conceive is 5.7 percent. Together, these proportions add to an allowance of 13 percent (rounded) who will not need contraception at any one time because of a desired conception.

The estimates presented in this section have been brought together in Table 3. They show that at any given time, there are nearly 4.6 million women among the poor and near-poor who need contraception.<sup>11</sup> This may be considered a high estimate of the number of women who need to have family-planning services made available to them in public clinics, because some of the couples among the poor and near-poor are able to exercise satisfactory control over their fertility. However, even these couples do not have the same access as the non-poor to the more effective and acceptable methods of contraception, particularly the pill and the loop. So, simply in order to equalize the access of the poor and near-poor to modern methods of contraception under medical supervision, it is appropriate to try to make contraceptive services available to all who may need and want them.

#### THE POTENTIAL IMPACT OF FAMILY-PLANNING SERVICES

In order to help poor and near-poor couples avoid 451,000 unwanted births per year, family-planning services would have to be provided for 4,597,000 women, according to the estimates presented in the preceding sections. Thus, for every unwanted birth prevented, contraceptive services would have to be provided for an average of 10.2 women. For the purpose of making rough estimates, it will be sufficient to round this estimate to ten.

How much would this cost? The Planned Parenthood Federation has estimated the costs of subsidized family-planning services at between \$20 and \$25 per patient per year.<sup>12</sup> As a conservative estimate, we have assumed a higher cost of \$30. When multiplied by ten, this gives us an annual estimate of \$300 for every unwanted birth avoided.

<sup>11</sup> This compares with an estimate of 5.3 million women in need of contraception, derived by Planned Parenthood-World Population (PPWP). To arrive at its estimate, PPWP uses the Dryfoos-Polgar formula for estimating community need for family-planning services (described in F. S. Jaffe, "Financing Family Planning Services," *American Journal of Public Health*, 56:6 (June 1966), p. 917, footnote 3), as applied to a special tabulation by the Census Bureau of the characteristics of women aged 18-44 living in poverty and near-poverty in March, 1966.

The methods of estimation embodied in the Dryfoos-Polgar formula and in this paper are basically similar, although the assumptions differ. From the purpose of planning services at the present time, when fewer than 1 million women are being reached by public and private programs, the difference between 4.6 and 5.3 million is not considered serious.

<sup>12</sup> "Family Planning and Infant Mortality: An Analysis of Priorities," A Report by the Department of Program Planning and Development and Department of Research, Planned Parenthood-World Population, New York, June 1967 (mimeographed), p. 4.

The prevention of an unwanted birth has two major economic benefits. First, it avoids the cost of providing for an additional child in the family; second, it may enable the potential mother to earn money to supplement the family's income.

The costs of supporting a child vary with the number of children already in a family and the level of support chosen as the criterion of poverty. Using the Social Security Administration's index based on 1965 income for a family of five (husband, wife, and three children), an additional family member adds \$470 to the annual income required to avoid being classified as poor, and \$605 to avoid being classified as near-poor. In order to present a conservative estimate of the costs of raising a child, we have chosen the lower of these two figures.

The costs avoided by preventing an "excess" birth are avoided not only this year, but also in future years. Therefore, the costs avoided extended throughout the years the child would have been in the home. Assuming that the child would have remained in the home until his eighteenth birthday and assuming that 94.4 percent of the children would survive to that age (an estimate based on nonwhite mortality for 1964), the total amount of money saved for every unwanted birth avoided would be \$7,986. In order to represent the economic impact for the year in which the birth was avoided, the annual savings have been discounted at a rate of 4 percent annually for 18 years. This yields an estimate of the \$5,617 saved for every \$300 spent on family-planning services in any given year. The ratio of the economic benefit to the cost is 18.7 to 1.

As noted earlier, another economic benefit of adequate fertility control is that it makes it possible for the potential mother to spend a longer time earning money to supplement her family's income. Just how many years or months the prevention of an unwanted birth adds to the working life of a woman depends, in part, on the availability of day-care services for her children. If such services are available, an unwanted pregnancy could interrupt the mother's employment for only two months. However, if they are not available, the interruption could last until the child begins school at the age of six. Since such services are not generally available, let us assume that an unwanted pregnancy would make it impossible for the potential mother to work for an average of four additional years. (This estimate is less than the maximum of six to allow for the possibility that some women may have a wanted child during the period when they might have worked.) Let us further assume that 30 percent of the women who avoid an unwanted pregnancy would work. (There is little evidence on which to base this assumption; the proportion is assumed to be lower than the 41 percent of poor female heads of households who worked in 1965.) Using these assumptions, the prevention of 451,000 births would enable 135,000 women to work for four years. If they earned an average of only \$2,000 annually (assuming that some work part-time and some work full-time), their earnings would total \$8,000 each, or \$7,260 when discounted to the first year at a rate of four percent. Since only 30 percent of the women are assumed to work, the additional earnings would average \$2,178 per unwanted birth avoided. In this case the economic benefit is 7.3 times greater than the cost of \$300 per unwanted birth avoided.

In summary, the economic benefits of each unwanted birth prevented are as follows:

Avoided expenses for raising a child to age 18.....	\$5,617
Additional earnings for women who were enabled to work.....	2,178
<b>Total .....</b>	<b>7,795</b>

The total economic benefit is 26 times greater than the cost of \$300 per unwanted birth prevented.

These necessarily rough estimates are cited simply to show that the economic effects of improved control over fertility are far greater than the costs of providing contraceptive services to the poor. Probably no other type of program could achieve such a high ratio of benefits to costs. However, it should be noted that these benefits would accrue to a limited number of the poor and near-poor. For example, if it had been possible to prevent the 451,000 "excess" births estimated for 1966, a total of 1,804,000 persons might have been helped, assuming an average family size of four persons (husband, wife, and two children). This is only 3.8

percent of the total number of people counted among the poor and near-poor. Of course, other families would be helped in future years, and the eventual proportion of people benefiting from family-planning services would be much larger than the 3.8 percent affected in any one year. We can estimate the larger proportion very roughly by assuming that women 15-44 years of age continue to be 17 percent of all persons in the poor and near-poor populations, that half of them (or 8.5 percent of the total) would have avoided one or more unwanted children by making use of family-planning services, and that their families eventually included an average of five persons; these assumptions imply that ultimately 42 percent of the population living in poverty would have received the economic and other benefits of family-planning services. Although this estimate is very rough, it serves to indicate the limitations on the benefits that family-planning programs can reasonably be expected to generate. Although there is a great need for adequate control of fertility among the poor and near-poor, and although family-planning programs represent a highly efficient way of easing the economic diseases of the poor, they are not a panacea for poverty.

In addition to the economic effects of adequate fertility control, there are qualitative benefits that may be considered even more important. These are summarized below:

1. If every child is a wanted child, children will be better cared for, both physically and emotionally. In fact, studies by the Department of Health, Education, and Welfare indicate that family planning is the most cost-effective measure available to reduce infant mortality.<sup>13</sup>
2. Mothers will be subjected to lower risks to health if births are not closely spaced.
3. The assurance that another child will not come before it is wanted will help couples plan other aspects of their lives with more confidence. It will reduce the feeling of hopelessness with which many poor people face life.

The above effects are stated with confidence. Improved control of fertility is virtually certain to bring about changes in the direction stated. In addition, there are possible benefits about which only speculative statements may be made, given the present state of knowledge. For example, it seems reasonable to suppose that a healthier emotional environment within the family will reduce problems of school discipline, truancy, and juvenile delinquency. Such benefits are not only speculative, but one step further removed from the presumed cause, improved control of fertility. The above listings, therefore, are confined to the immediate and obvious effects of adequately controlled fertility.

#### SUMMARY

The estimates presented in this paper indicate that the problem of unwanted childbearing is severe among women living in poverty. Assuming that the levels of fertility estimated for 1960-1965 continued to prevail, the 8.2 million poor and near-poor women of reproductive age had approximately 451,000 unwanted births in 1966 that might have been avoided. This represents 36 percent of all births to poor and near-poor women and 12 percent of all births in the United States.

The prevention of unwanted births through the provision of family-planning services would achieve economic benefits that are far greater than the costs of the programs. Very conservative estimates show that the child-care costs avoided by poor families would be at least 19 times higher than the program costs. In addition, the ability to space births as desired would enable more women to work to supplement their families' incomes; the resulting additional income is estimated to be at least seven times greater than the costs of family-planning programs. Altogether, the economic benefits alone would be at least 26 times greater than the program costs. These estimates are necessarily rough, but they are sufficient to reassure us that the task of offering contraceptive services to the poor is worthwhile from a purely economic point of view.

<sup>13</sup> *Ibid.*, p. 9.

APPENDIX A. METHOD OF ESTIMATING THE FERTILITY OF THE POOR AND NEAR-POOR  
IN 1960-65

As a first step in estimating the recent annual fertility of women in poverty in 1966, we estimated the number of births in the six-year period 1960-1965 (approximately) whose survivors were children under six years of age in March, 1966. This was done for three groups of the 1966 population under six: the poor, the near-poor, and all others. Then we estimated the average number of women 15-44 years of age during the period 1960-1965 whose survivors were counted among the poor, near-poor, and all others in 1966. From the estimates of births and women, fertility rates per 1,000 women 15-44 were computed. These calculations were carried out separately for each color group. The results are shown in the top panel of Table A-1.

For our present purposes, the key figure is the estimate of 165 births per 1,000 women 15-44 for the poor and near-poor combined. This estimate of 165 is very probably inflated, because it includes some births in the numerator whose mothers are not represented in the denominator. This is because some of the children counted among the poor and near-poor in 1966 were not living with their mothers and their mothers were not classified as poor or near-poor. This situation occurs, for example, when the mother of an illegitimate child leaves the child with the child's grandmother and finds a job in another city. The mother might be living alone and have an income high enough to keep her out of poverty, while the grandmother and child are both counted among the poor.

We do not know how common this situation is, and we have little basis for estimating its prevalence. However, we do know that in 1966, 37 percent of nonwhite children under 18 were not living with both parents. (Data for the nonwhite population are cited here because a majority of the nonwhite population lives in poverty.) Let us assume that the proportion is somewhat smaller for poor and near-poor children under six years of age: say, 25 percent. Let us further assume that the most common situation represented by this proportion is the absence of the father: say, in 70 percent of the cases. Then, 30 percent of 25 percent, or 7.5 percent of the children under six, are not living with their mothers. Therefore, the numerator of the fertility rate of 165 is inflated by 7.5 percent and should be reduced by this proportion in order to represent more adequately the fertility of women currently classified as poor and non-poor. The implications of this adjustment are shown in the second panel of Table A-1.

TABLE 1-A.—ESTIMATED FERTILITY DURING 1960-65 OF WOMEN INCLUDED AMONG THE POOR AND NEAR POOR IN MARCH 1966, BY COLOR, UNITED STATES

Poverty status	Average annual number of births, 1960-65 <sup>1</sup>			Average number of women 15-44, 1960-65 <sup>2</sup>			Average annual fertility rate, 1960-65		
	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite
<b>Preliminary estimates, consistent with observed number of children under 6 years of age in March 1966:</b>									
Total.....	4,097,000	3,440,000	657,000	37,394,000	32,899,000	4,495,000	109.6	104.6	146.2
Poor and near poor.....	1,304,000	844,000	460,000	7,900,000	5,544,000	2,356,000	165.1	152.2	195.2
Poor.....	896,000	527,000	369,000	5,457,000	3,624,000	1,833,000	164.2	145.4	201.3
Near poor.....	408,000	317,000	91,000	2,443,000	1,920,000	523,000	167.0	165.1	174.4
Other.....	2,793,000	2,596,000	197,000	29,494,000	27,355,000	2,139,000	94.7	94.9	92.1
<b>Revised estimates, assuming that 7.5 percent of the poor and near poor children have mothers who were not included among the poor and near poor in March 1966:</b>									
Total.....	4,097,000	3,440,000	657,000	37,394,000	32,899,000	4,495,000	109.6	104.6	146.2
Poor and near poor.....	1,205,000	780,000	425,000	7,900,000	5,544,000	2,356,000	152.5	140.7	180.4
Poor.....	828,000	487,000	341,000	5,457,000	3,624,000	1,833,000	151.7	134.4	186.0
Near poor.....	377,000	293,000	84,000	2,443,000	1,920,000	523,000	154.3	152.6	160.6
Other.....	2,892,000	2,660,000	232,000	29,494,000	27,355,000	2,139,000	98.1	97.2	108.5

<sup>1</sup> Derived from the number of children under 6 years of age in March 1966, assuming that births during the preceding 6 years had been subjected to the same mortality rates, by color, as those observed for 1964. This implied that the proportion of births surviving to ages under 6 in March 1966, was 97.7 percent for white infants and 95.6 percent for nonwhite infants. The resulting preliminary estimates of births were reduced by 1 percent to force them to agree with national totals, by color.

<sup>2</sup> These estimates are consistent with the average number of women 15-44 years of age, by color,

in the total resident population of the United States during 1960-65 (computed by averaging estimates for April 1960, and July 1966, published in Current Population Reports, series P-25, No. 35-2). These totals for white and nonwhite women were distributed by poverty status according to the distribution for white and nonwhite women 15-44 years of age in March 1966.

Source: Derived from special tabulations by Bureau of the Census from the Current Population Survey for March 1966.

## APPENDIX B. METHOD OF ESTIMATING THE PROPORTION OF ILLEGITIMATE BIRTHS TO POOR AND NEAR-POOR WOMEN DURING 1960-65

Although it is not possible to estimate accurately the level of illegitimate fertility among the poor, we can set some reasonable limits with the use of national data on illegitimate births by color. As a minimum, let us assume that the proportion of white and nonwhite births in 1960-1965 that were illegitimate was the same for the poor and near-poor as for the nation as a whole: 3.0 percent for white births and 23.4 percent for nonwhite births. This assumption yields 10.1 percent illegitimate for the poor and near-poor combined. As a maximum, let us assume that all of the illegitimate births in the country occurred to poor and near-poor women; this would mean that 21.2 percent of their births were illegitimate. To obtain a medium estimate between these two extremes, we assumed that the proportion of poor and near-poor births that were illegitimate was the average of the minimum and maximum estimates for each color group. This yielded an estimate of 15.7 percent illegitimate for the poor and near-poor, or an average of 189,000 births annually for 1960-1965. Details of the estimating procedure are shown in Table B-1.

TABLE B-1.—ESTIMATES OF ILLEGITIMATE BIRTHS DURING 1960-65 FOR WOMEN INCLUDED AMONG THE POOR AND NEAR-POOR IN MARCH 1966, BY COLOR: UNITED STATES

Poverty status	Medium <sup>1</sup> estimate			Minimum <sup>2</sup> estimate			Maximum <sup>3</sup> estimate		
	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite
Average annual number of illegitimate births:									
Total.....	256,000	102,000	154,000	256,000	102,000	154,000	256,000	102,000	154,000
Poor and near-poor.....	189,000	63,000	126,000	122,000	23,000	99,000	256,000	102,000	154,000
Other.....	67,000	39,000	28,000	134,000	79,000	55,000			
Percent of births that are illegitimate:									
Total.....	6.2	3.0	23.4	6.2	3.0	23.4	6.2	3.0	23.4
Poor and near-poor.....	15.7	8.1	29.6	10.1	3.0	23.4	21.3	13.1	36.2
Other.....	2.3	1.5	12.1	4.6	3.0	23.4			

<sup>1</sup> Average of minimum and maximum estimates.<sup>2</sup> Assuming that all groups have the same proportions illegitimate, by color.<sup>3</sup> Assuming that all illegitimate births occur to poor and near-poor women.

## INTERNATIONAL LIAISON

Have you names of outstanding professional family life leaders in other countries who might like a gift membership in the National Council on Family Relations? Would you like to so sponsor them as overseas members by sending a contribution (\$5.00 plus \$1.25 for postage), to the NCFR for this purpose? Evelyn M. Duvall, Elon College, North Carolina 27244 will be glad to hear of your interest and to process your recommendations for overseas lists now being developed.

Dr. HELLMAN. Mr. Chairman, I would like to set the record straight with respect to Mr. Black's letters. There were two of them. The initial plan called for two special assistants to my office, who would also have had appointments in the two operating agencies, the National Institutes of Health and the Health Services and Mental Health Administration.

Mr. ROGERS. Yes.

Dr. HELLMAN. This organization, we thought was unnecessarily cumbersome and these two special assistants will have appointments only in the Office of the Assistant Secretary for Health and Scientific Affairs.

The second change was that the two assistants were to be assistants to me. We changed their titles, they are now designated as special assistants to Dr. Egeberg. This change was made to enhance their visibility and make their appointments more important.

Mr. ROGERS. Thank you.

Are there other questions? If not, thank you very much, Mr. Secretary, and Dr. Egeberg, and Dr. Hellman, for being here this morning. We appreciate your being here to give us your testimony.

Secretary RICHARDSON. Thank you, Mr. Chairman, and members of the committee. It has been a pleasure to be here.

Mr. ROGERS. One of our own committee members, Dr. Carter, has introduced legislation, and I understand at this time Dr. Carter has a statement he would like to give.

#### **STATEMENT OF HON. TIM LEE CARTER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KENTUCKY**

Mr. CARTER. Mr. Chairman, I will just include this statement for the record. It is by the House Republican task force on earth resources and population, which endorses the objectives of S. 2108, which I cosponsored with the distinguished Senator from Maryland, Mr. Tydings.

It is to establish an Office of Population Affairs in the Department of HEW. The committee knows very well my views on these matters, and I am happy to support the work of the task force, whose chairman was the Honorable George Burke, U.S. Representative from Texas.

I am happy to have been a part of this committee which has done a great deal of work, and I submit this for the record.

Mr. ROGERS. Thank you, Dr. Carter, and without objection the statement is received and will be made a part of the record at this point.

(The statement referred to follows:)

# STATEMENT OF HOUSE REPUBLICAN TASK FORCE ON EARTH RESOURCES AND POPULATION

The House Republican Task Force on Earth Resources and Population endorses the objectives of S. 2108, to establish an Office of Population Affairs in the Department of Health, Education, and Welfare, to promote domestic public health and welfare by expanding, improving, and coordinating the domestic family planning services and population research activities of the Federal Government.

In its report on "Federal Government Family Planning Programs—Domestic and International," the task force stated: "The overriding concern of the task force is for realization that the time for action is now and that the need is urgent. Few problems have been so overstudied as this one. Few problems have received the attention of so many national and international leaders as this one. The splintered responsibility for administering grants for family planning services in the Federal Government and in the State governments have crippled the financing and the logistics to provide these needed services. There is a great need for leadership in encouraging the involvement of independent action in providing family planning services. Facilities for services, as well as materials and personnel, are grossly inadequate at present to meet the need."

As a result of its study, the task force proposed H.R. 15691. Both H.R. 15691 and S. 2108 reach for the same objectives but are slightly different. The task force recommends that this committee combine the best features of both bills and vote out a clean bill for the committee of the whole to consider.

The task force recommends that this committee consider the following:

1. This legislation should be targeted for domestic needs only. S. 2108 is structured to support activities that encompass international or foreign programs. Though we recognize the need to coordinate the Federal Government activities in the field of population and family planning, we don't feel that this legislation is the proper vehicle to accomplish this nor is it the proper time to do so.

The Agency for International Development has had its appropriations earmarked for population and family planning activities in the amounts of \$35 million in fiscal year 1969, \$75 million in fiscal year 1970, and \$100 million in fiscal year 1971. We want this earmarking to continue and it is with this money that international and foreign population and family planning programs should be supported—not with the funds being authorized in the legislation before this committee. When we have had some years of experience utilizing the monies from both agencies in their appropriate areas rendering successful results, then it is wise to consider combining as many projects and programs that can be more effectively managed from one agency.

Of particular concern to the task force is the language found on page 6 of S. 2108, lines 15 through 17, calling for support in training manpower for foreign programs of service and research. There is ample money within the AID earmarking to more than adequately handle manpower needs for foreign programs and it would be a disadvantage to our domestic effort to see any of this pending authorization go toward foreign programs. There is just too much that needs to be done in the United States in developing family planning programs and enunciating population growth problems to allow this money to be used elsewhere.

2. We are concerned about the lack of language in S. 2108 referring to the needs of low income families. There is language in S. 2108 referring to this on page 8, line 25, and continuing, where it states, "the extent to which family planning services are needed locally." However, we do not feel this language is precise enough to concentrate on the corresponding health care services that comprise a family planning service package so urgently needed by the poor.

We recommend that the Committee refer to page 10 of the Senate report on S. 2108 where there is listed seven components of a successful family planning program by Dr. Joseph Beasley, director of the statewide family planning program in Louisiana. On the other hand, if the language in S. 2108 can be utilized by the Secretary of Health, Education, and Welfare to experiment with projects where services could be obtained on a fee basis for those not classified as low income, then the language perhaps might be considered as good.

3. The task force is concerned by the level of funding for training in services and research as presented in S. 2108. We feel that the Secretary of Health, Education, and Welfare should have the flexibility of funding so that the training of needed personnel is compatible with the number and scope of the projects he authorizes for both services and research. If there is justification for earmarking training funds then the amounts in S. 2108 should be reversed so that the largest amount of money is available for training in the initial years in order to assure adequate quality as well as quantity of personnel to carry on the program. These funds, though, only cover service projects and there is also a need to include funding for training personnel in the research aspects of this legislation.

In our task force report on "Earth Resources and Population—Problems and Directions," we state: "The major problem in providing these specific birth control services has been the lack of available trained personnel. Medical doctors and nurses are hard pressed for services in more specialized areas of medicine. Also, providing family planning services to the poor has not been considered an appealing avocation of the medical profession. Ideally, our entire health care system should be overhauled to create less reliance on specialized medicine and overburdened hospitals and more dependence on paramedical professionals in providing health care services."

In the field of related fertility research projects, the task force would like to be on record for the need to increase the research of methodologies of predetermining the sex of children. For birth limitation and regulation to be an honest free choice goal of Americans to undertake, predetermination of the sex of children and fail-safe contraception must be available to everyone.

4. The task force questions the need for grants for the construction of population research centers. With the cutback of Federal funds for research, it is difficult to believe that there are not facilities available than can be utilized for the purpose of this act.

The task force supports the need for this legislation with a sense of urgency.

In support of President Nixon's goal of providing family planning services to an estimated 5 million indigent women in the next five years, this legislation must be available to the Secretary of Health, Education, and Welfare immediately for the President's goal to be realized. Also, it is important that the United States move forward in developing a national policy on population.

We urge this committee to consider our recommendations but not allow any differences to hold up this legislation from reaching the committee of the whole during this second session of the 92nd Congress.

Respectfully submitted by the House Republican Task Force on Earth Resources and Population.

George Bush, Texas, Chairman; Tim Lee Carter, Kentucky; Louis Frey, Jr., Florida; James G. Fulton, Pennsylvania; Charles S. Gubser, California; Frank Horton, New York; Hastings Keith, Massachusetts; Donald E. Lukens, Ohio; Paul N. McCloskey, California; Charles A. Mosher, Ohio; Jerry L. Pettis, California; Howard R. Reid, New York; Ogden R. Reid, New York; Guy Vander Jagt, Michigan; John Wold, Wyoming.

Mr. ROGERS. Our next witness is another colleague of ours who has been very active in the drawing up of this legislation, and in building support for this program, our distinguished colleague from New York, the Honorable James A. Scheuer.

The committee would be pleased to receive your testimony at this time.

#### STATEMENT OF HON. JAMES H. SCHEUER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. SCHEUER. Thank you, Mr. Chairman.

Mr. ROGERS. We are pleased to welcome you to the committee and

we will make your statement a part of the record at this point, without objection, and if you would like to highlight it for us, or however you prefer, it would be fine.

Mr. SCHEUER. I will speak very briefly, Mr. Chairman. My full statement will be part of the record?

Mr. ROGERS. Yes; it will.

Mr. SCHEUER. I am very happy to be here and I am happy to congratulate you, Mr. Rogers, for your consistent interest in this legislation during the 3 years that I have been working on it. You have always shown a keen interest and an open mind and for the year and a quarter that Representative George Bush and I have had the legislation in the hopper you have consistently shown a positive and sympathetic attitude. I am very grateful for the support and encouragement which you have given us.

I am very happy that the legislation that Congressman Bush and I put in the House a year and a quarter ago is now cosponsored by 66 Members, including our distinguished colleague, Dr. Carter.

Mr. CARTER. You were just a little bit late on that legislation. I had introduced it a few days previous to your introduction. I am happy that you could cosponsor this.

Mr. SCHEUER. I am sure that you did that because of your deep concern for this legislation and I am grateful for your continuing support, Dr. Carter. We are all interested in what the legislation does for close to 6 million women in this country and untold hundreds of millions around the world in their childbearing years who urgently need family planning assistance.

Congressman Bush and I have been working on this for several years and before we introduced it, and I am sure you had the same experience. I am also happy that Mr. Preyer is a cosponsor of this legislation.

I would like to submit some technical amendments which would conform this legislation to the Senate legislation.

Mr. ROGERS. We would be glad to receive them. You might want to just mention them quickly. Are there any particular ones that you think should be emphasized? Otherwise, we will just consider them en bloc if you will submit them for the record.

Mr. SCHEUER. I think that is the way to do it.

Mr. ROGERS. Without objection, they will be made part of the record. (The amendments referred to follow :)

#### AMENDMENTS TO H.R. 11550 SUBMITTED BY CONGRESSMAN JAMES H. SCHEUER

The amendments are as follows: In the preamble to the bill, on page 2 line 3, strike the word "Infants;" and insert in lieu thereof "infants, and the easing of the pressure of population growth on the environment;"

On page 2, line 6, insert after "persons" the words "in the United States and the areas specified in subparagraph (c) of section 6 of this Act".

On page 3, after line 5, insert the following:

"(e) to develop and make readily available information (including educational materials) on family planning and population growth to all persons desiring such information;" and redesignate the following subsections accordingly.

On page 3, line 13, strike "a National Center for Population and Family Planning" and substitute in lieu thereof "an Office of Population Affairs in the Department of Health, Education, and Welfare".

On page 3, line 19 through page 4, line 16, strike all and substitute in lieu thereof:

#### OFFICE OF DEPUTY ASSISTANT SECRETARY FOR POPULATION AFFAIRS

SEC. 2. (a) There is hereby established within the Department of Health, Education, and Welfare and Office of Population Affairs to be directed by a Deputy Assistant Secretary for Population Affairs under the direct supervision of the Assistant Secretary for Health and Scientific Affairs. The Deputy Assistant Secretary for Population Affairs shall be appointed by the Secretary.

On page 4, line 17, strike "(d)" and substitute in lieu thereof "(b)".

On page 4, line 17, strike "Center" and substitute in lieu thereof "Office of Population Affairs".

On page 4, line 19, strike "the Center" and substitute in lieu thereof "it".

On page 4, line 21 through line 23, strike all and substitute in lieu thereof the following:

#### FUNCTIONS OF THE DEPUTY ASSISTANT SECRETARY FOR POPULATION AFFAIRS

SEC. 3. (a) The Secretary for Health, Education, and Welfare shall utilize the Deputy Assistant Secretary for Population Affairs.

On page 5, line 1, after "making of" insert "formula or".

On page 5, line 10, strike "programs;" and substitute in lieu thereof "programs for use by all interested persons and public and private groups;"

On page 5, line 24, strike "(f)" and substitute in lieu thereof "(h)".

On page 6, line 5, strike "Center." and substitute in lieu thereof "Office of Population Affairs."

On page 6, line 7, strike "the passage" and substitute in lieu thereof "enactment".

On page 6, line 8, strike "bill" and substitute in lieu thereof "Act".

On page 6, line 11, strike "and".

On page 6, line 12, strike "manpower." and substitute in lieu thereof "manpower, and for carrying out the other purposes set forth in this Act."

On page 6, line 15, insert after "served," the words "the types of family planning and population growth information and educational materials to be developed and how they will be made available,".

On page 7, line 5, strike "for provision of services".

On page 7, lines 14 and 15, strike "make, through the Center," and substitute in lieu thereof "make".

On page 9, line 12, strike "and".

On page 9, line 12, strike "Columbia." and substitute in lieu thereof "Columbia, and the Trust Territory of the Pacific Islands."

On page 10, line 12, strike "Center" and substitute in lieu thereof "Office of Population Affairs".

On page 15, line 12, strike "Center." and substitute in lieu thereof "Office of Population Affairs."

On page 16, line 13, insert the following new section:

#### SPECIAL PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING AND POPULATION GROWTH INFORMATION DISTRIBUTION AND EDUCATIONAL MATERIALS DEVELOPMENT

SEC. 10. (a) The Secretary is authorized to make project grants and enter into contracts with public agencies and non-profit organizations and institutions to assist in developing and making available family planning and population growth information (including educational materials) to all persons desiring such information (or materials).

(b) For the purpose of making grants or entering into contracts under this section there are authorized to be appropriated \$750,000 for the fiscal year ending June 30, 1971; \$1,000,000 for the fiscal year ending June 30, 1972; \$1,250,000 for the fiscal year ending June 30, 1973; \$1,500,000 for the fiscal year ending June 30, 1974; and \$1,750,000 for the fiscal year ending June 30, 1975.

(c) The acceptance of family planning and population growth information (including educational materials) provided shall be voluntary and shall not be a prerequisite or impediment to eligibility for or the receipt of other benefits or participation in any other programs of financial or medical assistance.

Mr. SCHEUER. I think there were modest departures from the Scheuer-Bush bill on the Senate side. We are happy the administration is supporting the bill, and we feel the changes made in the organizational structure were a small price to pay for the unanimity, bipartisan support, and the current lack of controversy surrounding this legislation.

I would like to say parenthetically to Dr. Carter that I am a great believer in Yankee free enterprise, Dr. Carter, and I have sponsored several programs—some of which have become law, and some of which have not—to involve the ingenuity and resourcefulness of the free enterprise sector far more effectively in our remedial education programs, the kind of programs being carried on now in Texarkana, Tex., and in our job training programs.

I am sponsoring legislation to involve private enterprise in employing young men and women who have bumped up against the legal system, and who often have been back in a year or two for more serious offenses.

I think they can train these people more effectively than our public systems of rehabilitation and correction. I also believe that the private enterprise sector can do great things in remedial education.

But family planning is one area where the economics are basically against it. What the private enterprise medical fraternity had done, including the manufacturer—

Mr. CARTER. Mr. Chairman, if the distinguished gentleman would yield, I believe you may have misunderstood what I said a while ago.

Certainly I want to have the Government participate in bringing this program to the people, very much so, and I think it is extremely necessary, and I think the bill which we introduced provides for this.

What I meant is I want private enterprise certainly to continue its work in the development of such things as they have.

Of course, they developed, as you know, the pill, which has been used successfully, though there are drawbacks to it. But we don't want to keep private enterprise from developing further. In this particular area, I think private enterprise has the advantage, and I want to congratulate you on your efforts to bring them in in other fields.

Certainly I would like to see you bring them into the military field so that we could develop certain systems which we badly need and which I think could be done at a much less cost to our Government.

Mr. SCHEUER. Dr. Carter, I agree with you 100 percent. We need far more intensive involvement of private enterprise in our research and development efforts in a scope and size that they can't afford on their own.

Dr. Oscar Harkavy, in a report which HEW contracted for and received in 1967, estimated that we ought to be spending in the area of \$250 million a year in biomedical research. Now private companies can't afford this kind of research.

We ought to be giving them the funds. I think they are probably far better equipped to carry on most of the contraceptive research than are some of the other possible grantees.

But let me say that without a Government program to involve them in a comprehensively designed research and development program, the economics of their own business will not direct them toward producing a birth control system that is appropriate for low-income people.

The pill is a perfect example. The pill is something that is comparatively expensive and it requires repetitive use. Women must count, they must keep track, and it must be originally prescribed by a physician.

These are all very limiting factors when it comes to treating women in poverty in Africa, Asia, Latin America, and even in the United States. What we need is a birth control system that is nonrepetitive; does not require counting; is very inexpensive, convenient, and safe; and that does not require a professional to administer or to keep track of its progress. We don't have those professionals around the world, and even many rural parts of the United States.

Now no private drug company can spend millions of dollars to develop a one-shot mechanism that is cheap and need not be prescribed by a doctor.

We can't expect them to do that. The market just isn't there to pay for development costs. Therefore, this kind of a program, providing for substantial outlays for research and development, will enable our Government to give grants to the large medical and drug companies for the very sophisticated research that they are capable of doing. It will provide the incentive that the profit motive does not supply.

So I am in complete agreement with your goal, and I think you will agree that our kind of legislation, Dr. Carter, is an indispensable organizing element to insure the valuable contribution of the private sector.

Mr. CARTER. I certainly hope we would continue to use our private enterprise groups. I am afraid that so many times in supplying money in attempting research—or governmental agencies attempt research—the end is not accomplished.

I have noticed that particularly in the Defense Department in which we have used hundreds of millions of dollars with little effect.

Mr. SCHUEER. I could not agree with you more, Dr. Carter.

What we are interested in here is a very goal oriented research effort. I am not here to testify on the Fitzhugh report on the Defense Department released last week, but I think some of the points that report makes are quite applicable to the Federal Government's efforts here.

Mr. CARTER. That is why I hate for the Federal Government to become so involved.

Mr. Chairman, if I might proceed for just a minute on some—

Mr. ROGERS. Yes.

Mr. CARTER. There is one country which has a missile at the present time and a trajectory of 22.4 miles. It had it for 3 or 4 years, to our knowledge, and for this we have no means of detection or deflection. Neither can we shoot it down.

Some way or other, our research in our military institutions have failed to come up with something that can combat this. That is one field in which I think our Yankee ingenuity has not come forth, and that is what I mean, that we need more of it.

Thank you, Mr. Chairman.

Mr. ROGERS. Thank you.

Mr. SCHEUER. I would say that in the military we have probably done a better job of consolidating responsibility for research design than we have in family planning.

The military has one agency that designs all its research programs, commonly known as IDA—the Institute for Defense Analysis—and they do have a very sophisticated organization for military research and development. That is one of the things we are trying to achieve in this legislation.

The Fitzhugh report discussed the lack of our ability to place responsibility in the Defense Department, and—

Mr. CARTER. I would like to say this. If we don't do better than the military has, we are going to be in a bad shape.

Mr. SCHEUER. In research and development they have done pretty well, though maybe not in other areas. They have applied themselves to a comprehensive design in a way we have not in the area of family planning.

But I agree with you that this research should be goal-oriented and the programs should produce results in line with these goals. I could not agree with you more, Dr. Carter.

This of course is going to cost money. The dollar amounts in this bill are too low to meet the demands of a concentrated and sustained family planning effort. I would like to have inserted in the record the projections of two experts and outstanding scholars in the field, Dr. Oscar Harkavy of the Ford Foundation, the author of the remarkable Harkavy report, and Dr. John Maier of the Rockefeller Foundation.

These are two of the eminent and outstanding experts in the world on population planning.

(The document referred to follows:)

## Research In Reproductive Biology and Contraceptive Technology: Present Status and Needs for the Future

By Oscar Harkavy, Ph.D.  
and John Maier, M.D.

Modern contraception began barely a decade ago with the introduction of the oral steroids and the plastic intrauterine device (IUD). During the 1960s considerable experience with these methods, accumulated in many countries, demonstrated that they were far more effective and much better suited to use among poorly educated populations than were traditional methods. It has become apparent, however, on the basis of further experience, that the oral and the IUD are subject to serious disadvantages.

While there are a number of significant scientific leads which could, in the long or short term, emerge as new methods of fertility regulation, there is no really new method in immediate prospect. Yet better methods are badly needed to assure success of fertility regulation programs in this country and throughout the world. It is extremely doubtful that any single 'ideal' birth control compound or device will be perfected. Therefore, it is important to expand the base of fundamental knowledge to support continually improving contraceptive technology.

Funding for research in reproduction, exclusive of drug firm expenditures, has risen from about \$11 million to \$35 million a year in the last five years, but at least \$150-200 million per year is needed to support an optimum effort.

The urgency of initiating a significantly expanded, product-oriented and goal-directed program of research cannot be overestimated, since it may now cost from \$5-30 million and take 10-20 years to develop a totally new contraceptive.

Oscar Harkavy is Program Officer in Charge, Population Office, The Ford Foundation; John Maier is Associate Director of Biomedical Sciences, The Rockefeller Foundation; the article is adapted from a presentation made to the Foundation's Conference on Population held at the Villa Ser Belloni, Bellagio, Italy, in April.

In order to estimate future needs and consider reasonable means of meeting them, it might be useful to review the current status of contraceptive technology, including new methods which are under clinical or advanced experimental investigation.

### Intrauterine Devices

The IUD came into renewed prominence with the development of polymer chemical technology and the availability of chemically inert plastic materials which are noninjurious to body tissues. IUDs provide long-term (permanent if desired), reversible, safe contraception requiring only a single decision on the part of the patient and a single action on the part of the physician. Ten years of experience with the IUD in millions of women in many countries have shown that it is a valuable contraceptive method, although not flawless. Pregnancy rates with the IUD in place run about two per hundred woman-years. From 10-20 percent of women are unable to retain the device and expulsion often goes unnoticed, so that a woman may unknowingly be exposed to the risk of pregnancy. Bleeding, cramps or pelvic pain of varying severity are fairly common during the first few months of use; in some women the persistence or severity of symptoms is enough to require removal of the device. The net result of expulsions and removals is that, under the best conditions, 70-80 percent of women retain the device at the end of one year and 60-70 percent after two years. In developing countries, there are a number of series in which 50-60 percent of women are still wearing the loop after two or three years. A number of variations of the IUD have been studied—differing in size, shape or type

of material used—and others are being developed. The method of action of the IUD is not known.\* However, there is empirical evidence that a larger device is likely to be associated with a lower pregnancy rate and a lower rate of expulsion, but with a higher incidence of pain and bleeding, and therefore with more removals for medical reasons.

A new T-shaped device being developed and tested by the Population Council is smaller and more flexible than the loop. The shape was designed in such a way that normal uterine motility would tend to hold it in place rather than to expel it; as expected, the small size resulted in an unacceptably high pregnancy rate. However, it has been found that wrapping a length of fine copper wire around the stem of the T lowers the pregnancy rate considerably, probably because the metallic copper is slowly ionized by the uterine fluids, with the copper ions either acting as a spermicidal agent or interfering with implantation. Preliminary trials involving 1,500 women over 10,000 women-months indicate that the device has considerable promise.

### Oral Contraceptives

The various forms of the pill currently in use by an estimated 13-20 million women throughout the world are based on the ovarian steroid hormones estrone and progesterone which regulate the menstrual cycle and the reproductive process in the human female. The naturally occurring hormones are replaced in the pill by one of a number of synthetic progestins and one of two estrogen analogues, which are effective when given by mouth in either combined or sequential form. When prop-

\*[See "How IUDs Prevent Pregnancy in Humans . . ." p. 2, Ed.]

## Research in Reproductive Biology

erly used, the pill provides virtually complete protection against pregnancy. However, its use is associated with definite risks and side effects, ranging from the demonstrated and measurable to the hypothetical, some of which have recently been the subject of widespread and unfavorable publicity. Careful and detailed epidemiological studies in England and the United States have shown that there is an increased risk of thromboembolic disease associated with disorders in blood-clotting mechanisms, the incidence being from six to nine times that expected in women in the same age groups not taking the pill. In some cases thrombophlebitis leads to fatal pulmonary embolism, with the risk estimated, on the basis of good evidence, at three deaths per year per 100,000 women using the pill. It is important to put this hazard in proper perspective: As against three deaths per 100,000 pill users due to embolism, 100,000 pregnancies would result in 25-30 deaths from unavoidable complications of pregnancy and childbirth in Western countries. In the developing countries, deaths from the complications of pregnancy and childbirth in 100,000 women would certainly be no less than 250, and even 500 would be a reasonable estimate in some areas. More recent British studies have shown that the risk of thromboembolism is much higher with high estrogen products. Both the British Committee on Safety of Drugs and the U.S. Food and Drug Administration have recommended that, where feasible, products be prescribed containing 0.05 mg. or less of estrogen.\*

Other side effects which are less well understood relate to biochemical or metabolic abnormalities observed with varying frequency in pill users. About 50 have been described thus far, and it is possible that the hormones contained in the pill produce biochemical, structural or functional alterations in every organ and tissue. The changes do not occur in all users and tend to revert to normal when use of the pill is stopped. Their significance for the future health of users is unknown. Such changes, however, might be expected in view of the fact that the contraceptive effect of the pill results from interference with the extremely delicate and complex hormonal mechanisms

which control the menstrual cycle, ovulation and the reproductive process. This elaborate control system is thrown out of balance, and contraception is achieved by means which can be compared to using a sledgehammer to kill a mosquito. It seems clear that any chemical contraceptive based on the ovarian hormones or related to them will produce similar side effects.

## Other Hormonal Contraceptives

The success of the pill stimulated considerable research, in pharmaceutical companies and elsewhere, aimed at developing new hormonal methods which would be easier to administer and use or would diminish the incidence of side effects. Special attention was given to contraception by progestins alone, without the use of estrogens, because of evidence that thromboembolic disease and other biochemical side effects were attributable to the estrogen component. It was found that a 'mini-pill' given once every day and containing 0.5 mg. of progestin without estrogen provided effective contraception, although not the virtually complete protection given by the combined pill. Further clinical testing showed that continuous low-dose progestin therapy apparently did not inhibit ovulation, and thus was not interfering with the hypothalamic-pituitary circuit. This important observation raised hopes that side effects could be significantly reduced or eliminated. Several synthetic progestins were developed and tested in clinical trials at even lower doses, down to 0.075 mg. Trials were also begun on other methods of administration of progestins, including a long-acting injectable preparation which protected against pregnancy for several months up to a year or more, depending on the dosage used in a single injection. The Population Council has begun clinical trials with more than 400 women using a semipermanent but reversible form of contraception: a silicon polymer capsule loaded with progestin and inserted under the skin through a needle; the capsule is readily removable through a small incision. Thus far, the primary disadvantage associated with continuous progestin therapy has been the fairly frequent incidence of irregular bleeding. Biochemical alterations and other side effects of the kind seen with the combined pill have not been observed as yet, although experience in humans has been limited and it is too early to be cer-

tain that they will not in fact be found to occur as the methods come into wider use. Recently, the Syntex Corporation abandoned further testing of its low-dose progestin because in the long-term toxicological studies, required by the Food and Drug Administration before licensing a drug for public use, breast tumors began to appear in beagles, one of the test animals used. The significance of this finding—as far as safety in humans is concerned—is completely unknown, but the future of continuous low-dose progestin contraception must now be regarded as doubtful.

All other modern methods are in very early stages of development, and must be regarded as years away from general use even if further experience shows them to be of value. Many of them have been little studied, and in most cases developmental work and experimentation are not being pushed intensively but are left to the more or less random and haphazard efforts of individuals or small groups. Some examples<sup>1</sup> are:

- **Male Chemosterilants:** At least three types of chemical compounds are known from animal experiments to suppress sperm production, and have been subjected to limited clinical trials. While effective in stopping the production of sperm, they appear to be too toxic to be a feasible method of contraception. Low doses of progestins are also being tested. These hormones interfere with sperm maturation and motility.

- **Simple and Reversible Female Sterilization:** Transvaginal administration of a cytotoxic chemical called Quinacrine has been shown in limited clinical trial to be 87 percent effective in bringing about long-term tubal blockage. Sterilization is reversible with administration of estrogens.

- **Reversible Male Sterilization:** Introduction of an "intra-vas" device has been successfully used to cause temporary sterilization in some 1,000 men. The process is reversible with removal of the device.

- **Post-Coital or "Morning-After" Pill:** A number of estrogens and estrogen inhibitors increase the motility of the fallopian tube and thus speed up the transport of the ovum through the tube into the uterus. Since fertilization takes place within the tube, there is the theoretical possibility that the ovum would pass through too rapidly to allow fertilization to occur. Clinical trials provide evidence that estrogens given for several days after coitus

\*See "U.S. - British Recommend Low Estrogen Pill," p. 47, Ed.]

[See "An Office Procedure for Reversible Female Sterilization," p. 48, Ed.]

are effective in preventing pregnancy, but the doses needed result in a troublesome degree of nausea. With present compounds the potential of this method for mass use appears limited.

- **Post-Coital Anti-Zygotic Pill:** Several classes of compounds, some of which are also used in cancer chemotherapy, destroy the fertilized ovum or early blastocyst. Their potential as contraceptives is uncertain since they also are toxic, and there is danger of congenital abnormalities, unless surgical abortion is available as a backstop, if the dose given a patient is not enough to be completely effective.

- **Luteolytic Compounds:** After the ovarian follicle releases the ovum, it is replaced by cells forming a yellow structure, the corpus luteum, which produces progesterone, essential for the maintenance of early pregnancy in animals and, possibly, in humans. Several compounds are claimed, on the basis of animal experimentation, to produce degeneration of the corpus luteum, thus inducing menses whether or not a pregnancy has begun. Two compounds are undergoing limited clinical trial.

- **Prostaglandins:** Several of the fatty acids called prostaglandins have been found to have a luteolytic effect in animals, and possibly can induce menses in the luteal phase in humans. The main action in humans, however, is to stimulate the myometrium and the tubal musculature. Pregnancy has been successfully terminated in 36 out of 39 women up to the twenty-second week using two of these compounds. Prostaglandins can also be used post-coitally to stimulate tubal motility, "flushing" the egg through the tube before fertilization can take place.

- **Releasing-Factor Inhibitors:** As a general principle it would appear that the most effective method of contraception would interrupt the complex hormonally-controlled chain of events which make pregnancy possible but would, at the same time, be pinpointed accurately to a single place in the chain, without the spillover into other areas which produces side effects. Such a method may become available for preliminary feasibility studies within a few years. Separation and purification of the luteinizing hormone releasing factor (LRF), which ultimately controls ovulation and spermatogenesis, are well advanced. It appears that LRF is a small and relatively simple molecule which can be synthesized in many variant analogues; and it is probable that some



Four fertilized rabbit eggs seen under phase microscope. One has divided into two cells.

of these will act as inhibitors of natural LRF. If this is so, it will be possible to inhibit ovulation or sperm formation by a method which affects with precision one single link in the hormonal chain, without affecting other structures and producing side effects. LRF appears to possess enormous biological activity, effective in doses of a billionth of a gram or less.

#### Basic and Applied Research Needed

It is clear then that much greater and more intensive efforts in contraceptive technology will be needed if new and better methods are to become available. But a massive program of applied research is not enough, since the basic science infrastructure of reproductive biology is surprisingly weak.

Much is known about the complicated series of events leading to reproduction, but there are great gaps in our knowledge in many areas, and the unknowns loom larger than the knowns. The techniques and approaches which have led to such notable advances in molecular and cellular biology must be brought to reproductive biology in order to create new insights into the reproductive process and

to open up new avenues for exploration. It is only in this way that we can lay the groundwork required for the applied research which will lead to improved contraceptive methods.

#### Present Institutional Arrangements

In addition to the contraceptive research and testing carried on by 15-20 pharmaceutical firms, most of the reproductive biology research relevant to fertility control and practically all the training takes place in university-connected laboratories and clinics. This activity is centered in about 145 institutions around the world. Of these, some 105 can be classified as "minor"—the full-time equivalent\* of one senior scientist supported by junior scientists and technicians; perhaps 35 are "major"—the full-time equivalents of at least two senior scientists and their co-workers; and seven might be considered as "institutes"—with five to 10 senior investigators and a substantial supporting staff.

Table 1 indicates the concentration of

\*The senior university scientist typically devotes only a fraction of his time to activities relevant to fertility control.

## Research in Reproductive Biology

this activity in the United States and Europe, but it also shows substantial effort in the developing world.

**Table 1. Centers of Research and Training in Reproductive Biology\***

	Minor	Major	Institute	Total
Europe, Israel,				
Japan, Australia	28	7	—	35
United States	52	15	7	74
Asia (excl.				
Japan, Australia)	15	5	—	20
Latin America	5	6	—	11
Middle East				
(excl. Israel),				
Africa	5	—	—	6
<b>Total</b>	<b>105</b>	<b>33</b>	<b>7</b>	<b>145</b>

\* Derived from grant lists of Center for Population Research, NICHD; Ford Foundation; Population Council; Rockefeller Foundation. This tabulation is indicative and not intended to be complete.

The kinds of research in reproductive biology taking place in the universities are primarily determined by the intellectual interests of the senior scientists involved. In most cases, these scientists devote only a fraction of their total working week to research relevant to contraceptive development.

Outside of the pharmaceutical industry, the Population Council's Bio-Medical Division is the only major institution in the world whose entire program is directed primarily toward contraceptive development.\*

Pharmaceutical firms are the principal developers and suppliers of contraceptive compounds and devices. While their products often depend on fundamental discoveries (and, occasionally, practical inventions) of university scientists or others outside the firm, they have the ability, as Carl Djerassi notes, to "organize, stimulate and finance multi-disciplinary re-

search covering the entire gamut of scientific disciplines required in converting a laboratory discovery into a practical drug.<sup>2</sup> But because of growing public concern as to safety of the combined estrogen-progestin oral contraceptives and the recently announced withdrawal of low-dose progestins from clinical testing in the United States and from the market in Europe, pharmaceutical firms are beginning to regard the risks as too high and the economic rewards too uncertain for major efforts in the development of new contraceptives. These drugs pose particular problems to the pharmaceutical industry. As Professor Egon Diczfalusy of the Karolinska Institute points out:

"Since the presently used contraceptive agents are administered in a continuous fashion, large groups of healthy women are exposed to a spectrum of pharmacological effects, many of which are still incompletely understood. As a consequence of this, the regulatory authorities are very restrictive with permissions to market new drugs and such permissions are usually given following the presentation of long-range toxicity studies (according to present FDA regulations, seven years on dogs and ten years on monkeys). In view of this and of the extensive clinical metabolic studies required, it is understandable that the costs of development of a new compound are between \$5 and \$10 million, i.e., they approach the limit of long-range profitability. The situation is further aggravated by the extremely long period of development (a minimum of ten years!) as contrasted to the limited period of patent

protection (in many countries 17 years). Thus, for the time being, the developmental activities of the pharmaceutical industry can be represented by a pyramid with the very broad base of a large number of synthesized compounds of which only a limited number can be selected for chronic toxicity studies and only one or two will be subjected to clinical studies... It can be expected that the interest of the international pharmaceutical industry will rapidly diminish during the seventies as far as the development of fertility controlling agents is concerned, unless a part of the developmental costs (e.g., chronic toxicity tests, clinical trials) will be defrayed by public money or by philanthropic institutions."<sup>3</sup>

## Current Levels of Funding

Table 2 gives an estimate of the annual flow into research and training in reproductive biology by the United States government and private foundations.<sup>4</sup> Carl Djerassi reports that, in addition, five major United States pharmaceutical firms engaged in the manufacture and distribution of contraceptives together have spent an average of more than \$13 million a year during the 1965-1969 period,<sup>5</sup> and the other firms in the contraceptive business have expended additional sums. More than half of this money has gone for development of several versions of the estrogen-progestin oral contraceptive.

While Table 2 shows a substantial rise in funding for reproductive biology in the last five years, the total—perhaps as much as \$35 million in 1970 (excluding phar-

**Table 2. Annual Support for Research and Training in Reproductive Biology,\* in Millions of Dollars, 1966-1970**

	1966	1967	1968	1969	1970 (est.)
National Institutes of Health	5.0	7.1	7.1	9.6	13.5
National Science Foundation	—	—	.3	.4	.4
Ford Foundation (Population Office)	4.4	5.7	5.6	7.0	7.0
Ford Foundation (Regional Offices)	.6	.6	.6	.85	.85
Population Council†	.3	.4	1.0	1.0	1.0
Rockefeller Foundation	.02	.02	.1	.7	.7
Agency for International Development	—	—	—	5.9	10.01
SIDA	—	—	—	.05	.1
University Budgets‡	.6	1.0	1.1	1.4	1.4
<b>Total</b>	<b>11.3</b>	<b>14.6</b>	<b>15.8</b>	<b>26.9</b>	<b>34.75</b>

\* Exclusive of construction funds. Grants and in-house research and development expenditures by pharmaceutical firms are also excluded from this table.

† Net of Ford Foundation, Rockefeller Foundation and AID contributions.

‡ Based on preliminary estimates by AID staff; no formal commitment.

§ Estimated at 15 percent of non-government support.

\*The Center for Population Research of the National Institutes of Health is basically a funding agency.

†(Dr. Sheldon J. Segal, Director of the Population Council's Bio-Medical Division, notes that the FDA permits initiation of clinical trials when long-term dog and monkey studies are 20-24 months in duration, thus reducing the time required to bring a product to market. O.H., J.M.)

‡The authors of this paper lack information on the additional amounts committed to reproductive research by the medical research councils of countries outside the United States. We believe these sums to be relatively small.

maceutical firms)—can be put into perspective by comparing it with the \$275 million a year spent on cancer research. There is evidence of unsatisfied demand for support of existing research groups. Good proposals put before the Ford and Rockefeller Foundations and the Population Council each year average about three times the amounts that can be funded under their present budgets. The Center for Population Research of the National Institutes of Health expects to be unable to fund some \$6 million in contracts and grants it will have approved during 1970 and will enter the 1971 fiscal year with this unfunded backlog. Because it funds research on an annual basis, it must make provision for continued financing in 1971 of programs approved in previous years and will have a relatively small amount of uncommitted funds for new actions. (The Center's budgets for 1970 and 1971 are shown in Table 3).

**Table 3. NICHD Center for Population Research Budgets 1970 and 1971, in Millions of Dollars**

	1970	1971
<b>Research Projects</b>	<b>12.9</b>	<b>22.3</b>
Reproductive Biology and Contraceptive Development	9.0	14.3
Medical Effects of Contraceptives	1.7	3.3
Behavioral Sciences	2.2	4.6
<b>Training</b>	<b>1.9</b>	<b>4.0</b>
<b>Center Core Support</b>	<b>0.5</b>	<b>1.5</b>
<b>Staff Support</b>	<b>0.3</b>	<b>0.7</b>
<b>Total</b>	<b>15.6*</b>	<b>28.4</b>

Source: Dr. Philip Coftman, Director, Center for Population Research, February 17, 1970.

\* CPR staff estimates \$6 million in approved but unfunded contracts and grants (renewals and new actions) in 1970.

Total budgets of the National Institutes of Health have reached a plateau of about \$1 billion after two decades of unprecedented growth; hence marked expansion of support for reproductive biology within a fixed NIH budget would have to occur at the expense of other medical research support. Such diversion of funds is severely resisted by those in charge of allocating the overall NIH budget and by applicants for funds in other fields of medical research.

The Agency for International Development has in the past two years become another important source of U.S. governmental support for research in repro-



*Researchers at Sweden's Karolinska Institute perfusing a previsible human fetus.*

ductive biology. In 1969 it committed \$3 million to the Population Council for development of an anti-progestational agent, transferred \$1.5 million to the Center for Population Research for support of its contract program and gave \$1.3 million to the Pathfinder Fund for evaluation of new intrauterine devices. AID staff estimates that it will have allocated some \$10 million to this effort in fiscal 1970 (ending June 30) because it recognizes the importance of contraceptive development to its mission of assistance to family planning programs.

The Swedish government is now considering the establishment of a foundation to be called ACORD, Agency for Contraceptive Research and Development. It is to be financed by funds from the Swedish International Development Author-

ity (SIDA), the overseas assistance agencies of a number of other countries and private foundations. ACORD's budget has been tentatively set at \$15 million over a five-year period, with the possibility of expanded effort as funds and opportunities for investment increase.

#### **Current Strategy of Support**

Excluding pharmaceutical firms, most current research activity is supported by government agencies and foundations. These agencies follow a strategy that is partially directive and partially responsive to requests from investigators. For example, the Ford Foundation began its commitment to reproductive biology in 1960, with grants to prestigious groups in support of fundamental research and

## Research in Reproductive Biology

training. As funding from other sources has grown, the Ford Foundation has been able to establish more specific priorities for its grant making. These priorities are influenced by the following strategy:

"The female reproductive system includes an 'upper' hormone feedback circuit, consisting of the central nervous system, the pituitary and the ovary, controlling a 'lower' system involving the fallopian tubes, uterus and cervix... The present generation of contraceptive pills interferes with the central nervous system-pituitary-ovary circuit and is theoretically less desirable than, for example, a method which selectively affects one or more lower circuit links without significant systemic effect."<sup>5</sup>

But there is danger in setting research priorities too rigidly. For instance, it may eventually be possible to use "releasing factors," chemicals produced in the hypothalamus that trigger a wide range of hormonal responses, for control of fertility. Suppression of this chemical trigger might, in the opinion of some observers, be an almost ideal contraceptive.<sup>6</sup> The Ford and Rockefeller Foundations have recently made grants to the Salk Institute for research under the direction of Dr. Roger Guillemin, a pioneer in isolation of releasing factors.<sup>7</sup>

In an effort to broaden fundamental research in reproductive biology, Ford and Rockefeller Foundation grants have brought into the field scientists equipped with techniques that have not previously been applied to reproductive biology. For example, a distinguished molecular biologist has been encouraged to devote some of his time to understanding the fine structure of cervical mucus, because changes in the viscosity of this substance seem to regulate passage of sperm into the uterus and the fallopian tubes.

As its budget grows, the Center for Population Research of the NIH increasingly influences research emphasis in reproductive biology. To guide its program,

the Center has identified four general areas of research as contributing most to contraceptive developments:<sup>8</sup>

- maturation and fertilizing capacity of spermatozoa,
- oviduct function and gamete transport,
- corpus luteum function and implantation, and
- the biology of the pre-implantation ovum.

The Center has announced these chosen areas to the scientific community and through its contract program provides funds for research projects on the basis of scientific merit and centrality to one or more of these four areas.

### Toward a More Effective Strategy for Contraceptive Development

Large inputs of money are probably a necessary but surely not sufficient condition to bring forth major improvements in birth control technology. Even if major developments result from brilliant insight based on relatively inexpensive research, formidable costs are still involved in moving from discovery to final product. The problem confronting donor agencies is to determine how support of research can result in production of improved birth control products in the shortest period of time. It is probable that the development, testing, use—and discarding for something better—of new contraceptives will be a continuing process, it is less likely that a single new "ideal" birth control compound or device will be perfected. If this judgment is correct, we must broaden fundamental knowledge upon which to build a continually improving contraceptive technology, and donor agencies and the research community must be prepared for a long-term effort. But, at the same time, we shall argue for large-scale, goal-oriented efforts to develop new contraceptives involving both fundamental and applied research.

### Fundamental Research

The case for increasing the stock of fundamental knowledge of human reproduction has been previously made. Diczfalusy states: "A prerequisite for the development of safer and more effective methods of fertility regulation is a significantly improved knowledge of the normal physiological mechanisms regulating the various steps of the reproductive process in the human species. It is not just by



Rabbit sperm poised to enter zona pellucida.

mere chance that the mechanisms of action of contraceptive steroids and intra-uterine devices are incompletely comprehended. It can be expected that a better understanding of the mechanism of action of such agents will result in the development of improved versions of such agents and that a better understanding of the physiological regulatory mechanism will open avenues for the development of agents based on new principles.<sup>9</sup>

Fundamental research is probably best carried out, as at present, in university-based laboratories and clinics. There is need greatly to increase the scale of this effort. If more funds can be made available and a heightened sense of urgency awakened in the scientific community, it is hoped that more able scientists will turn full-time to this research, instead of the part-time effort that is so characteristic of present activity.<sup>1</sup>

To estimate the size of the effort needed, Southam and Harkavy made a judgment as to the number of investigators that should be working on each aspect of fundamental research. For this purpose the concept of a representative research group was defined as consisting of two senior scientists, three junior scientists (post-doctorals) and five technicians:

<sup>5</sup>The Ford Foundation and the Population Council have over the years supported other research on releasing factors by Harris, McCann, Sarough, Martini, Schally, Tgarishi, Kobayashi, among others.

<sup>6</sup>Note that these four areas relate to the "lower" feedback circuit also identified for priority attention by the Ford Foundation.

<sup>7</sup>Scientists are reluctant to commit their entire careers to research supported by short-term grants. Career awards for distinguished investigators are one mechanism to meet this problem.

"Perhaps 50 such groups now exist throughout the world. We estimate that the equivalent of 15 groups are now in the field of neuroendocrinology, studying the relations between the central nervous system and reproduction, and another 15 groups are focused on the pituitary. Because of the high prestige of work in this area the field now attracts a great deal of talent. On the other hand, there are many relatively unexplored methodological approaches to the study of ovarian function and ovulation, and more research activity should be stimulated. In consideration of the many different disciplines needed for a comprehensive approach to the ovary, perhaps the equivalent of 30 groups should be supported in addition to individual investigators.

"Considerable encouragement must be given to work on the 'lower systems' of the female reproduction system including studies of fertilization, nidation, myometrial activity, cyclical hormone changes, muscle physiology and sperm and egg transport. Only a small fraction of the amount of activity needed is now going forward; at least 100 groups would be required for adequate coverage of this area.

"Immunology is a high-prestige field of investigation as it relates to virology, cancer and fetal salvage, but in the field of contraception immunology is of particular interest only to two or three research groups. At least ten groups should work on the fundamental problems of immunoreproduction related to fertility control.

"Work on development of contraceptive methods for men is represented by only two or three groups in the world although several individuals are considering isolated aspects of male physiology; several major groups (20) should be working on testicular physiology and means of interfering with sperm production and fertilizing capacity.

\*Diczfalusy offers the following preliminary list based on steps in the reproductive process most susceptible to regulation: 1) interference with sperm motility, 2) chemical sterilization of women, 3) methods to induce endocervical hostility, 4) agents interfering with corpus luteum function, 5) agents interfering with implantation and early embryonic development.

[The Population Council's Bio-Medical Division is following a similar approach with respect to two potential contraceptives. This is primarily an intramural effort, but also involves outside investigators in clinical trials. We are here proposing a large-scale, international effort involving a substantial number of laboratories and clinics.

"Much more is known about reproduction and its control in laboratory and domestic animals than is known in primates. Attempts should be made to determine the feasibility of using monkeys for evaluation of fertility-inhibiting mechanisms of known effectiveness in lower species. Only two or three major efforts are now under way; at least 10 groups are needed. A total of 200 groups working on the fundamental and applied problems relevant to the various aspects of contraceptive development described above should be supported. This would require \$60 million per year and would involve 400 senior scientists, 600 junior scientists and 1,000 technicians."

Sheldon Segal, Director of the Bio-Medical Division of the Population Council, declared recently that there were "at least 30 specific leads that could, either in the short-term or long-term perspective, emerge as new methods of fertility regulation . . . . An analysis of cost, on an item-by-item basis, reveals the immediate need for \$90 million if this type of work is to be pursued at an optimal rate. Over the next five-year period, the financial need will reach \$170 million."

#### **A Product-Oriented Program for Contraceptive Development**

Most academic scientists engaged in fundamental research have little interest in following experimental results uncovered by study of the reproductive process to their ultimate acceptance or rejection as practical methods of fertility control. In fact, few of those investigating problems considered relevant to fertility control are primarily motivated by the prospect of controlling fertility; in common with others in the world of scholarship, their primary gratification is discovery and publication of new knowledge. While we must emphasize the need for encouraging this quest for new knowledge—we cannot now predict what new insight will trigger a vastly superior means of limiting fertility—serious consideration should be given to mounting a greatly intensified product-oriented program for contraceptive development, which inevitably will involve fundamental as well as applied research.

This program might include the following steps:

• The most promising potential methods of interfering with fertility would be identified for concentrated attention.\*

• Starting with these desired end points, programs of research needed to produce the desired product would be specified in detail. For some products there may be sufficient fundamental knowledge to begin pharmacological programs. In others, gaps in fundamental knowledge would be identified and efforts made to fill them.

• Institutional capability would be organized to carry out each step in the process from fundamental research to clinical testing to comparative worldwide field trials under rigorous statistical and medical standards. The whole process need not be accomplished by a single institution, but an instrumentality must be established to identify the jobs to be done and to provide necessary men and facilities to get them done. This instrumentality would have a small staff under a governing body of leading scientists, scientific administrators and representatives of donor agencies.† Such directed research is often resisted by university scientists, who are reluctant to be pushed into lines of endeavor proposed by administrators, and who fear that enthusiasm for a pursued approach on the part of fund administrators will result in cutbacks in financing of undirected basic research.

There is, however, excellent scientific manpower that could be properly motivated to engage in a goal-directed effort, particularly as funds for biomedical research in general are becoming more scarce. And there are indications of a growing willingness among leaders of the scientific community to explore the possibilities of a more directed approach.

Diczfalusy believes that the time has come to consider establishment of a large fund, to be deployed under competent scientific direction, that would fill the lacunae of fundamental knowledge as well as support animal and clinical testing along specified lines leading to the development of contraceptive methods.

The Contraceptive Development Program administered by the National Institutes of Health's Center for Population Research is an imaginative response to the need for more support for research in reproduction. By directing its support to four strategic areas of research, it may become influential in directing the reproductive biology community toward work more relevant to birth control. Its program is especially important as a rising source of funds for research in the biology of reproduction at a time when general U.S. Government support for biomedical

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*Research team in Karolinska Institute seminar room. Dr. Egon Diezfelusz makes presentation.*

research is being reduced, and its intentions clearly are to devote more resources to contraceptive development when its own budget is increased. But it is our view that one or more additional contraceptive development programs, more specifically product-oriented, with much more funds, and of international scope, are urgently needed.

Acceptance of the product-oriented approach does not necessarily imply creation of major institutes with large aggregations of scientists under one roof. In the United States, at least, the universities are considered more appropriate sites for fundamental research than freestanding institutes (although this is probably not the case in much of the rest of the world). The success of the International Rice Research Institute in the Philippines has given rise to the suggestion that one or more analogous institutions be established (or capacity added to existing institutions) in the developing world for contraceptive research and development.

Diezfelusz has proposed that such institutions be linked with a central organization under international sponsorship which provides funds for a coopera-

tive contraceptive development program.

#### **Role of the Pharmaceutical Firm**

The large pharmaceutical firm is ideally suited to carry out the research and testing leading to production of a contraceptive product, particularly when basic research carried out in the universities has provided leads to means of interfering with the reproductive process. The pharmaceutical industry is highly skilled at synthesizing compounds of potential usefulness and is experienced in pharmaceutical preparation and control, packaging and other aspects of production. These special skills should continue to be used in the contraceptive development process.

Pharmaceutical firms have previously been reluctant to enter into partnership with government and foundations in contraceptive development, preferring to keep their proprietary rights from excessive dilution. But, as we have noted, they are becoming increasingly pessimistic as to the profitability of contraceptive development. Djerasi believes government involvement is essential if the potential of the pharmaceutical firm is to be realized: "A pharmaceutical company should have

the option of applying to a government agency . . . for full financial support of the long-term toxicity (which could actually be performed elsewhere under contract) and all . . . clinical work. If the research should lead to a commercial product, then the company would be obligated to repay the accumulated financial support on an annual royalty basis of not more than five percent so as not to affect the price of the drug too drastically. If all of the money is repaid and the drug is still being sold commercially, it might be reasonable to expect a continued royalty payment on a reduced basis (e.g., two to three percent for the life of the commercial product)."

Alternatively, a nonprofit organization with national or international support could carry out chronic toxicity studies and clinical trials free of charge for firms or other laboratories offering promising contraceptive compounds.

#### **The Need for Increased Funds**

Essential for pursuit of any strategy to increase the scale and focus of contraceptive development is a much greater infusion of funds than presently obtains.

At least five estimates of the requirements for an optimum effort have been made:

- In 1967 Southam and Harkavy calculated a need for \$150 million a year by estimating costs of the representative research groups described above and adding to this cost estimates for needed individual investigators, graduate students and clinical testing facilities.<sup>10</sup>

- In 1968 the President's Committee on Population and Family Planning called for a U.S. government research budget rising from \$30 million in 1970 to \$100 million in 1971. (An unspecified part of these sums was recommended for social research.)<sup>11</sup>

- In the Fall of 1969, an internal report prepared for the Assistant Secretary for Health and Scientific Affairs indicated that research in reproductive biology and contraceptive development should be supported by a budget of \$90 million in 1970, \$135 million in 1971, leveling off at \$165 million in 1972 and beyond.

- In 1969 Senator Tydings of Maryland introduced legislation (S.2108) which called for "medical, contraceptive, behavioral and program implementation" research beginning at \$35 million the first year to \$100 million in the fifth year—with another \$12-20 million authorized for construction of research centers.\*

- David E. Bell, Executive Vice-President of the Ford Foundation, declared in the Foundation's 1969 Annual Report: "The best estimates suggest that five times the present amount—\$150 million to \$200 million per year—would be needed to support an optimum [research] effort, considering the extraordinary complexity of the scientific questions that need investigation, the relatively primitive state of scientific research in this field, and the urgency of finding ways to slow down world population growth."

Focusing specifically on product development, Djerasi estimates that it would cost \$10-30 million and take 10-20 years of research for a pharmaceutical firm to bring one new contraceptive through the testing stages required to win approval of the U.S. Food and Drug Administration.<sup>12</sup>

#### Capacity to Absorb More Funds

In our judgment, there is ample institutional capability and trained personnel to

absorb a phased major increase in funding in reproductive biology and contraceptive development. To be realistic, it is unlikely that funds could be raised for support of the field more rapidly than they could effectively be used.

There is a considerably larger supply of potential research personnel than is now engaged even part-time in this effort. In 1967, the staff of the Center for Population Research estimated there were some 443 "relatively senior" investigators in the United States and 124 abroad. This number has grown substantially in the past three years. The International Society for Research in Reproduction represents 650 scientists in 34 countries. Two other relevant scientific societies, the Society for the Study of Reproduction and the Endocrine Society, have a combined membership, less a rough allowance for overlap, of 2,500. Approximately 100 young scientists are engaged in research on reproductive biology with Ford Foundation support; we estimate 300 more are supported by other funds. Thus, there is a substantial reservoir of well trained young scientists ready to join the ranks of senior investigators in reproductive biology.

Laboratory space and major items of equipment are expensive components of the total research effort. Existing space should be converted to reproductive research wherever feasible because of delays and ever-increasing costs involved in building new space, but it is generally true that the most productive research centers are in chronic need of additional laboratory space. A positive program to expand the research effort must involve laboratory construction.

#### Strategy for Increasing Support

As they recognize that deficiencies in present contraception are a major obstacle to the success of large-scale family planning programs, development assistance agencies should consider support for reproductive biology and contraceptive development as a major claimant on funds allocated to population work.

USAID has determined that such research support is a legitimate part of its mission and has contributed substantially to this effort, even though primary responsibility for U.S. government support of biomedical research rests in the National Institutes of Health. Similarly, SIDA has taken the initiative in launch-

ing ACORD as a mechanism for expanding research in this area, and it is expected that other assistance agencies will contribute to ACORD.

Another major potential source of support is the Fund for Population Activities of the United Nations Development Program. If the World Bank is prepared to support research, it could make a most important contribution. Finally, the several medical research councils in the developed—as well as developing—world, which are primarily responsible for support of medical research in their own countries, may be encouraged to increase the proportion of their funds going into reproductive biology.

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11. President's Committee on Population and Family Planning, *Population and Family Planning: The Transition from Concern to Action*, November 1968.
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\*[The legislation was reported favorably out of Senate Committee on May 13. Ed.]

**Mr. SCHEUER.** These funds are consistent with the recommendations of President Johnson's Committee on Population and Family Planning, which was headed by John D. Rockefeller and HEW Secretary Wilbur Cohen. There has been inflation, of course, since 1968 when the Johnson committee made its recommendations and perhaps those estimates which were conservative then are minimally sufficient today. In any event, I don't think we can make any more profitable investment of Federal dollars from the social and economic point of view.

The benefits to the national health and welfare are just extraordinary.

In a cost-benefit study that was an appendix to the Harkavy report 3 years ago, there was an estimate by HEW economists that the ratio of cost to benefit from family planning services was about 26 to 1. The individual family served had about 26 times the benefits by avoiding an unwanted child, as the cost of providing them with family planning services.

When you think of the benefits to the community in avoiding that unwanted birth, the cost of remedial education and remedial job training, and ultimately the cost to the criminal justice system of many of these young people who would not be able to make it; when you consider the extraordinary implications of the secretary's testimony that three-fourths of the mentally retarded children in our country come from the 10 or 15 percent of the children from urban and rural slums, the sheer economic necessity of making this investment becomes crystal clear.

The amendments which I discussed Mr. Chairman, at the beginning of my statement relate mainly to the proposed HEW administrative structure.

As originally proposed, H.R. 11550 and S. 2108 realistically called for the establishment of an HEW agency to combine service, research, training and overall coordination functions.

**Mr. ROGERS.** You may proceed, please.

**Mr. SCHEUER.** At that time HEW officials maintained that the establishment of such a single agency within HEW would further delay the actual delivery of services by as much as a year-and-a-half. Since this process, they allege, would delay the very implementation of the program we were so keen to get moving, the Senate bill was amended to alter the original structure. The amendments I have submitted would conform H.R. 11550 to the Senate bill, incorporating the compromise established with the administration to eliminate that delay.

If the responsibilities given the deputy assistant secretary in this legislation, as amended by the technical amendments above, are maintained in the act, then I think this arrangement can work.

But I must emphasize as strongly as I can that the arrangement will only work if the department is required by law to do what they themselves have proposed. HEW officials preceding me have suggested that writing this structure into law is not necessary because they have already accomplished the reorganization themselves.

Nevertheless, if Congress is sincere about providing a realistic national family planning program, then we must assume responsibility ourselves for assuring a viable administrative structure to carry out such a program.

I do want to add that I am very impressed by the new HEW team, by Secretary Richardson, Dr. Egeberg, and Dr. Hellman.

I think their sincerity and their professional competence are absolutely above question. We are, however, a government of laws, not of men. We have seen too much of the enormous gap between rhetoric and actuality in the history of the administration of these programs, under the latter four or five presidents, all of whom have protested the necessity of family planning programs.

We should set up administrative structures that will insure on-going programs with tough, competent, hard-headed leadership.

For one thing, it is necessary if only for the Congress to know who is responsible, who is the daddy, who is to be held accountable for the results, or the lack of them, as Dr. Carter has emphasized.

The main message of the Fitzhugh report is that when everybody is responsible for everything, nobody is responsible for anything. If this real reorganization does nothing else, it does clarify and delineate responsibility and authority.

It will show Dr. Carter and the other highly professional members of your committee whom to look to for answers and whom to look to for goal-oriented projects, so that after a proper period of time Dr. Carter and the others of you can say, "where are the results that you promised?"

I am pleased that the administration is supporting this program. I am pleased that it has had bipartisan support from the very beginning.

I think George Bush will be here tomorrow to testify. I am very proud of the role that I have played and that all of you have played. This has been a common effort involving many highly concerned individuals in the Congress, and I think that the joint product of this effort will be as significant as any other single measure that this Congress passes in the 91st Congress. I am grateful to you, Mr. Chairman, for your courtesy in inviting me to testify.

(Mr. Scheuer's prepared statement follows:)

STATEMENT OF HON. JAMES H. SCHEUER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Chairman, I am delighted to be here today in support of H.R. 11550, a bill that Congressman George Bush and I introduced in May of last year. In addition to Mr. Bush and myself, there are now 66 other co-sponsors of this legislation. I am also pleased to note that two members of this Committee, Mr. Carter and Mr. Preyer, have introduced this legislation. This is an important bill and one that can, without exaggeration, be considered among the most significant of this session. Senator Joseph Tydings, who introduced the Senate version of H.R. 11550, S. 2108, deserves tremendous credit for its success in the Senate, and I am frankly very pleased by the quick and unanimous action of that body. At this time, Mr. Chairman, I would like to submit several clarifying amendments to make H.R. 11550 consistent with the version which the Senate passed on July 14.

The damaging effects of unchecked population growth on our environment and national health have been discussed in the House with increasing frequency over the past few years. Particular emphasis has been placed on the inability of the poor and disadvantaged to space and plan the number of children they want because of a severe lack of adequate medical family planning resources. The Congress has led the way in the recognition of the problem, and the House in 1967 amended Title V of the Social Security Act to provide limited Federal support for the provision of subsidized family planning services for the poor. In

addition, the states under 1967 amendments to Title IV of the Social Security Act were required to offer and provide family planning services to all welfare recipients who desired such services. Family planning amendments to the OEO bill, which I introduced in that same year, enabled that agency to inflate family planning programs in selected communities. The OEO program, I might add, has had overwhelming acceptance from both potential patients and the various participating communities.

Last year in his July 18 message on population and family planning the President established a national family planning goal when he said "that no American woman should be denied access to family planning assistance because of her economic condition." While programs authorized by the 1967 amendments are making a contribution, they are able to serve only a small percentage of the 5.4 million low-income women in their childbearing years who are estimated to want but cannot afford family planning services. (In 1968 less than 800,000 low-income women received family planning services from all known organized programs in public and private agencies.) The President acknowledged the glaring deficiency in our national family planning resources and stated in his July message that "it is clear that the domestic family planning services supported by the Federal Government should be expanded and better integrated." In a very real sense, Mr. Chairman, H.R. 11550 and S. 2108 are the embodiment of the President's national family planning goal and the 1967 family planning mandate of the Congress.

This legislation will make information and voluntary family planning services available to some 5.4 million low-income women, and it will promote much needed biomedical research directed towards the development of safer, less expensive and more convenient contraceptives as well as social and behavioral research to improve the delivery of family planning services. In addition, it will centralize the administration of the HEW family planning and population research program.

The expansion of available family planning resources is basic to this legislation and basic to the elimination of poverty in America. If the poor and low-income people of this country are to have any real hope of improving the quality of their lives, they must have access to safe and effective family planning methods. But today in America it is the middle class that enjoys the right of convenient access to family planning services. The low-income segment of our population, which suffers from a grossly inadequate general medical service system, has a fertility rate 55 percent higher than the nonpoor. The birth rate in some poor areas of Chicago equals that of India. This, however, does not mean that the poor want larger families. On the contrary, surveys have revealed that the poor on the average actually desire fewer children than middle class Americans. But the poor have more children because they lack family planning information and basic contraceptive services.

However, the provision of information and services to the poor is only one dimension of the national family planning problem. Despite the development of the IUD, the contraceptive pill and other more traditional methods, we still do not have anything that can be considered the ideal contraceptive. This is an issue that relates to the health of Americans at every economic level. Biomedical research in reproduction physiology to develop better contraceptive methods has suffered from a serious lack of emphasis and support. This is a tremendously complex research problem which must be solved if the nation, and indeed the world, is to have a safe, convenient, effective and inexpensive contraceptive method. The population research grants program which this legislation authorizes will permit the nation to undertake such a goal-oriented research effort.

Mr. Chairman, to establish the programs and accomplish the goals which this legislation mandates will cost money. In the opinion of many, the dollar amounts are in point of fact too low to meet the demands of a concentrated and sustained national family planning effort. I would like to call to the attention of the committee and have inserted in the record the expert projections of two outstanding scholars in the field, Dr. Oscar Harkavy and Dr. John Maier. The funds authorized in this legislation, however, are consistent with the estimates recommended by President Johnson's Committee on Population and Family Planning which was headed by John D. Rockefeller and Wilbur Cohen. But there has been quite a bit of inflation since 1968 when President Johnson's Committee made its recommendations, and I believe that those figures which were then quite conservative are now barely sufficient. Certainly, I believe that we can make

no better investment of Federal dollars. The benefits to the national health and welfare are direct and vastly significant.

The bill provides for the establishment of an Office of Population Affairs in the Department of Health, Education and Welfare. This office is designed to provide and improve administrative structure to control the expenditure of funds and manage the existing and newly authorized programs. It will be headed by the Deputy Assistant Secretary for Population Affairs who will exercise direct authority and control over the family planning grant and population research programs operated by HEW. This office will also coordinate and evaluate other HEW family planning and population-related programs as well as maintaining liaison with other Federal agencies carrying out programs in this field. The past HEW family planning administrative organization has proven to be a near classic instance of bureaucratic inaction, and the Congress must mandate that a greatly expanded family planning program be given an efficient, viable and accountable administrative mechanism.

The amendments which I submitted at the beginning of my statement relate mainly to the proposed HEW administrative structure. As originally proposed, H.R. 11550 and S. 2108 quite realistically called for the establishment of an HEW agency to combine service, research, training and coordination functions. HEW officials, however, maintained that the establishment of a single such agency would require 18 or more months and since such a process would further delay the actual delivery of services the Senate bill was amended to provide the organizational structure which I have outlined above. If the responsibilities given in the Deputy Assistant Secretary in this legislation, as amended, are maintained in the Act, then I think that this arrangement can work. \*The direct lines of authority of the Deputy Assistant Secretary are as follows:

(1) to administer all Federal laws, over which the Secretary has administrative responsibility, which provide for or authorize the making of formula or special project grants related to population and family planning;

(2) to administer and be responsible for all population and family planning research carried on directly by the Department of Health, Education and Welfare or supported through grants to or contracts with agencies, institutions, and individuals;

(3) to act as a clearinghouse for information pertaining to domestic and international population and family planning programs;

(4) to provide a liaison with the activities carried on by other agencies and instrumentalities of the Federal Government relating to population and family planning;

(5) to provide or support training for necessary manpower for domestic and foreign population and family planning programs of service and research;

(6) to coordinate and be responsible for the evaluation of the other Department of Health, Education, and Welfare programs related to family planning and population and to make periodic recommendations to the Secretary as set forth in section 4;

(7) to carry out the purposes set forth in subsections (a) through (f) of section 1 of the bill; and

(8) to carry out the categorical programs established by the bill.

But I must emphasize that this arrangement will work only if the Department is required by law to do what they themselves have proposed. HEW officials preceding me have claimed that writing this structure into law is not necessary because they have already accomplished the reorganization internally. Nevertheless, if the Congress is sincere about providing a realistic national family planning program, then we must assume responsibility for assuring a viable administrative structure to carry it out.

Mr. Chairman, I see this bill as practical, humane and vitally necessary. It will give Federal support and emphasis to a long neglected area of national health and welfare, and the nation desperately needs it. There will be many who will tend to view H.R. 11550 and S. 2108 only as a basic part of the fight to protect the environment from the assault of rapid population growth but it is much more than that. This bill, in my opinion, is fundamentally a measure to protect and promote the health and welfare of the American family. Passage of this legislation will mean that low-income women will have access to meaningful, medical family planning resources that can do so much to prevent the needless loss of life and insure that more of the children born in this country will be

wanted, healthy children. I know this can be achieved. There are several places where it is being done now and I want to make particular reference to New York City's in-hospital family planning program and ask that an article on this program be included as appendix to my statement.

I also see the expanded research commitment of this legislation as a very important benefit to all American families. I am impressed by studies which indicate that in 1968 there were some half million unwanted children born to middle class parents in the United States. These unwanted middle class births were in large measure due to faulty methods of contraception. With the research support that is proposed in this legislation we can look to the day when a safe and effective contraceptive method will be available to all. I might further add that such a successful research effort will be one of the great and most welcomed contributions that we can make to the world.

When I introduced H.R. 11550 I quoted a GAO report which stated that "There are significant health benefits to be derived from family planning. These are associated with controlled timing and spacing of births and can be measured by lower maternal and infant mortality rates, fewer premature births, and a lower incidence of both mental and physically crippling diseases in infants." There have been more recent studies which further emphasize this fact. In a New Orleans study of 123 infant deaths and stillbirths, reported by the National Institute of Child Health and Human Development, in its publication "Key Issues in Infant Mortality," it was found that the majority of the unpreventable deaths was due to the fact that "the mother was suffering from a serious medical condition before the pregnancy began. Such fatalities can be prevented by avoiding conception altogether or by postponing conception until the medical condition of the mother is corrected." But these fatalities will not be prevented if families continue to be unable to secure effective family planning services.

In conclusion, may I simply say that H.R. 11550 is important to all of us. From the beginning it has had broad bipartisan support and I am proud to be associated with it. Thank you.

Mr. ROGERS. Thank you very much, Congressman Scheuer. Your testimony is most helpful to the committee, and we appreciate it.

Mr. Preyer.

Mr. PREYER. Thank you, Mr. Chairman. I appreciate your testimony and commend you for your interest and I am glad to be a cosponsor of your bill.

Mr. SCHEUER. We are very proud that you are, Mr. Preyer.

Mr. ROGERS. Mr. Nelsen.

Mr. NELSEN. I have no questions. Thank you for your appearance.

Mr. ROGERS. Dr. Carter?

Mr. CARTER. No questions.

Mr. ROGERS. Mr. Hastings?

Mr. HASTINGS. No questions. One comment. I hope the contraceptive device reaches us one day. At this point it looks like the prescription would be total abstinence.

Mr. SCHEUER. Maybe in the interest of political safety, it is well you did not give me a chance to answer that one, Congressman.

I might have gotten into deep water.

Mr. ROGERS. The committee is happy to welcome Senator Joseph Tydings.

#### STATEMENT OF HON. JOSEPH D. TYDINGS, A U.S. SENATOR FROM THE STATE OF MARYLAND

Senator TYDINGS. Thank you, Mr. Chairman.

I would ask in the interest of conserving time that my statement be inserted in the record.

Mr. ROGERS. Without objection, so ordered.

Senator TYDINGS. I would like to comment on two points just made by Congressman Scheuer. In hearings on S. 2108 last December, the Senate started out with a replay of hearings we have held on similar legislation under two different Secretaries of HEW under the previous administration. These were great protestations that no legislative authority was needed, that nothing new needed to be written into the statutes, that 1 more year is all they need, and that everything was going fine. The harsh fact of the matter is that everything has not been going fine for the last 4 years despite a lot of talk by high ranking officials.

There have not really been any effective population and family planning programs in HEW since I have been in the U.S. Senate.

Finally, this spring HEW acknowledged the need for an administrative reorganization of their population and family planning programs, and the bureaucracy that run them—a bureaucracy which, as you gentlemen know better than I, is rife with feuding baronies each seeking to expand its own domain.

Finally, under the leadership of Dr. Egeberg, we did have some compromise legislation worked out. That is the legislation before you, and the amendments just proposed by Mr. Scheuer.

The elements of that plan were spelled out in a letter agreement by the Assistant Secretary for Legislation, Creed Black, and sent to us on March 17, 1970, and I think it would be useful to have that letter included in the record.

Mr. ROGERS. Without objection, it will be included at this point.  
(The letter referred to follows:)

THE UNDER SECRETARY OF HEALTH, EDUCATION,  
AND WELFARE,

*Washington, D.C., March 17, 1970.*

Hon. THOMAS EAGLETON,  
U.S. Senate,  
New Senate Office Building,  
Washington, D.C.

DEAR SENATOR EAGLETON: Roger Egeberg and I appreciated the opportunity to meet with you last week. As we indicated to you then, the Department is eager to proceed with the plan this administration has developed to increase the productivity of population research, particularly in the area of contraceptive development, and to expedite the delivery of family planning services to those who want but cannot afford them.

We recognize that the committee has reason to be impatient with the Department because of a history of unfulfilled promises. It is because we share this impatience and are interested in results that the Secretary has appointed Dr. Louis M. Hellman as Deputy Assistant Secretary for Population Affairs.

In collaboration with the operating agencies, Dr. Hellman has worked out a new organizational plan which has the full support of the Secretary and Dr. Egeberg. Briefly, it provides that the responsibility and authority for all the Department's programs in population and family planning will be centered in Dr. Hellman's office. Some of the specific features of the plan of interest to the committee are these:

Dr. Hellman will have line authority over both the research program of the Center for Population Research and the services program of the National Center for Family Planning Services.

This authority will be exercised through two officials of his selection who will have dual appointments. One will be Assistant Director of NIH for Population Research. The other will be Assistant Administrator of HSMHA for Family Planning Services. Both will also serve as special assistants to Dr. Hellman.

In addition, Dr. Hellman will have line authority over other activities in the Department which relate to the population field, such as the Food and Drug Administration's work with oral contraceptives.

The budget items for population activities would be assembled as a special category within the Department's budget presentation and would be defended by the Deputy Assistant Secretary for Population Affairs as the first individual health item to be considered immediately following the testimony of the Assistant Secretary for Health and Scientific Affairs.

With line authority, Dr. Hellman will of course have the staff resources of both the research and service centers at his disposal. In addition, however, he also plans to strengthen the staffing of his immediate office.

As you know, Dr. Hellman has been spending several days a month in the Department even though he will not join us on a full-time basis until May 1. He has had numerous discussions of his plans and goals with the heads of the operating agencies. They have agreed in principle to the organizational structure outlined here and are working with him to move forward rapidly.

Dr. Egeberg and Dr. Hellman both believe that valuable time would be lost by stopping now to consolidate both research and services in a single center as proposed in S. 2108. They are convinced that the administrative problems resulting from the kind of reorganization would inevitably slow progress toward the goals this Department shares with your committee.

As Dr. Egeberg told you so forcefully, however, he and the Secretary and Dr. Hellman are all committed to getting results. If the organizational plan they now favor is found inadequate, you may be sure that they will not hesitate to say so and work with the committee in trying to find a better one.

In closing, I should explain that I am writing you because Secretary Finch is ill and Dr. Egeberg is out of the country. I assume you and the committee, however, that I speak for them on this matter. If there are further questions about the Department's plans, we would be glad to discuss them with you.

Meanwhile, thank you on behalf of the Department for the opportunity you have given us to share with you our plan for progress in the population field.

Sincerely,

CREED C. BLACK,  
*Assistant Secretary for Legislation.*

Senator TYDINGS. Briefly the plan outlined in the letter was to give the Assistant Secretary for population affairs, Dr. Louis Hellman, direct line authority over the department's program and family planning service and the population research programs.

Dr. Hellman was to exercise this new authority through two officials, who were to hold dual appointments as directors of the family planning services and the population research center respectively, and as special assistants to Dr. Hellman.

In addition, Assistant Secretary Black's letter indicated that Dr. Hellman would have control over a separate new budget category which combined all the funds for HEW family planning and population related programs in one spot, where the Congress could see it, where you could see it, where you could demand that somebody be accountable.

The plans were also announced to strengthen the staffing of the Office of Population Affairs which Dr. Hellman was to preside over.

In return for the Senate accepting this alternative reorganization proposal, HEW officials indicated they would withdraw their opposition to S. 2108 and the companion bills in the House, and despite some misgivings on my part and some of the rest of us, the compromise was agreed to, because we have been fighting this battle for 4 years in the Congress, trying to get something moving.

Though I personally believe that we must continue to move toward the creation of a single population and family planning agency over the next 2 years, this compromise was agreed to unanimously in the Senate Committee and by the Senate as a whole.

This is the bill now before you. However, since the consummation of the agreement, since the letter by Assistant Secretary Black, the Department has undertaken unilaterally some serious changes in the reorganization plan which they themselves proposed and which we agreed upon.

In a memorandum dated June 23, 1970, Mr. Veneman, then Acting Secretary of HEW, informed the heads of the relevant operating agencies that Dr. Hellman would have full line authority and responsibility for directing the population and family planning activities within the department. But the earlier promise to provide Dr. Hellman with assistants holding dual appointments as a mechanism for fully implementing that responsibility vanished and floated away.

I ask that the text of this memorandum which Mr. Veneman circulated and which clearly goes back on the agreement outlined in the letter of Assistant Secretary Creed Black, also be put in the record.

Mr. ROGERS. Without objection, the memorandum is so ordered.

(The memorandum referred to follows:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
OFFICE OF THE SECRETARY,  
June 23, 1970.

Subject: Organization of DHEW Population and Family Planning Activities.  
To: Heads of Operating Agencies.

Attached is an organizational plan I have approved for DHEW population and family planning activities. Because of the vital importance both Dr. Egeberg and I place on population affairs in DHEW, we have devised a rather unusual leadership role for the Deputy Assistant Secretary for Population Affairs to ensure the success of our efforts. I want to make sure this arrangement is understood by everyone involved.

Full line authority and responsibility for directing population and family planning activities within the four health agencies has been delegated by the Assistant Secretary for Health and Scientific Affairs to the new Deputy Assistant Secretary for Population Affairs, Dr. Louis M. Hellman. This delegation of authority means that Dr. Hellman will act for the Assistant Secretary for Health and Scientific Affairs and the Surgeon General on all matters concerning population and family planning activities.

Dr. Hellman and his staff will in many cases be working directly with the key officials in your agencies who are concerned with population and family planning activities. Dr. Egeberg and I expect Dr. Hellman, working closely with your offices, to provide the overall leadership and direction of the policy and programmatic aspects of DHEW activities relating to population affairs. Administrative matters relating to these programs will continue to be under your control as at present.

In order to exercise this expanded authority, Dr. Hellman's staff will be expanded to include two highly respected, senior officials who will be designated as Special Assistants to Dr. Egeberg. Dr. Hellman will delegate such authority and responsibility to these staff members as he deems appropriate.

With your cooperation and support, I believe this arrangement will enable us to give the kind of added emphasis to population affairs within this Department which will ensure concrete and significant results.

JOHN G. VENEMAN,  
Acting Secretary.

Enclosure.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
OFFICE OF THE SECRETARY,  
June 9, 1970.

Subject: Organizational Plan for Population Activities in the Department of Health, Education, and Welfare.

To: The Secretary.

BACKGROUND

In the past three decades the National Institutes of Health of the Department of Health, Education, and Welfare has built up an enviable reputation for integrity and wisdom. This reputation is based in part on excellent administration and in part on the use of nongovernmental scientists and lay personnel who serve on study sections and councils. The manpower and physical resources for dealing with grants-in-aid for support of research are unexcelled.

These facilities and resources have served well in the past and continue to do so now when they are directed toward the purpose for which they were conceived, namely, the encouragement and conduct of research. They are not currently adapted to areas that require close integration between research and health services. Nor do they efficiently coordinate biology, sociology, psychology, and medicine to serve the health needs of the nation. This need for coordination is part of a nationwide, even worldwide search for the relevance of research to the deliverance of health care. In another sense it is a search for priorities, social, national, and international.

The tendency to discard that which no longer seems relevant in order to create a seemingly more relevant and more efficient organization may be wasteful both in time and in resources. Our society has not been so irrelevant in the past that we must now discard both the good and the bad. Rather we should retain that which serves us well and adjust the administrative procedures to correct the impediments to progress. In the example of population and family planning, the National Institutes of Health have unsurpassed resources for administering grants-in-aid for research. They do not have the expertise to develop and conduct service programs.

The Health Services and Mental Health Administration, the comparable health services arm of the Department, is still a relatively unseasoned organization, but it deserves a fair trial to ascertain how successfully it can promote and support the improvement of health care delivery systems. The recently created National Center for Family Planning Services within HSMHA is just beginning to grapple with the significant problems confronting it.

In an effort to conserve time and resources, and to provide an efficient administration for the population and family planning program, the following course of action is suggested. It is predicated on the assumption that the responsibilities of the Deputy Assistant Secretary for Population Affairs are unique and of sufficient importance that special arrangements that go beyond the usual functions of a Deputy Assistant Secretary are necessary.

ORGANIZATIONAL PLAN

The Secretary of the Department of Health, Education, and Welfare shall instruct the Assistant Secretary for Health and Scientific Affairs as follows:

1. To coordinate all activities in population and family planning in the Department of Health, Education, and Welfare under the direction of the Deputy Assistant Secretary for Population Affairs.

2. To delegate authority and responsibility for all activities in population and family planning within the health agencies of the Department of Health, Education, and Welfare to the Deputy Assistant Secretary for Population Affairs.

3. To delegate the guiding role in formulating the five-year plan and the annual budget as they relate to HEW population activities to the Deputy Assistant Secretary for Population Affairs. Working through the relevant operating agencies, the Assistant Secretary for Planning and Evaluation and the Assistant Secretary, Comptroller, the Deputy Assistant Secretary for Population Affairs would provide guidance on both the allocation of resources to population activities and the internal distributions within the program category. In developing the Department's five-year plan and at each stage of the budget process, a special analysis of present and proposed funding levels for HEW population activities would be maintained and periodically updated.

4. *To establish a formal public advisory committee to the Secretary, Department of Health, Education, and Welfare.* This Committee would be chaired by the Deputy Assistant Secretary for Population Affairs, and would report directly to the Secretary. It would assist in the development of policies and setting of priorities. The Advisory Committee should follow the pattern of the National Advisory Councils in its composition, that is, professionals and informed laity and broad representation of all concerned disciplines.

The members of the committee should be of such national prominence that their concern with this program would give it prestige, momentum, and visibility.

The committee should have an adequate staff which would be an integral part of the Office of the Deputy Assistant Secretary for Population Affairs.

Initially members of the Secretary's Advisory Committee would be assigned to 2 task forces, one focusing on population research and the other concentrating on family planning services. The task force on research would serve as and replace the present Population Research Advisory Committee of the Center for Population Research. The task force on family planning services would serve as the Advisory Committee to the National Center for Family Planning Services.

5. *To enlarge the National Advisory Council of the National Institute of Child Health and Human Development.* It would be appropriate to reflect the Department's increased program emphasis in the area of population research by enlarging this Advisory Council to include additional members with specific competence in the area of population research.

6. *To establish positions for 2 Special Assistants to the Assistant Secretary for Health and Scientific Affairs.* One Special Assistant will concentrate his efforts in the area of population research; the other will concentrate his efforts in the area of family planning services.

ROGER O. EGERBERG, M.D.,  
*Assistant Secretary for Health and Scientific Affairs.*

Date: June 23, 1970.

Approved:

JOHN G. VENEMAN,  
*Acting Secretary.*

Senator TYDINGS. Within the past week, word reached me that the special budgetary arrangement giving Dr. Hellman control over these funds similarly has been jettisoned. The reason I bring this point up to you, gentlemen, is that in the fight over the past 4 years to get some substantive action in the Department of Health, Education, and Welfare, time and time again from Wilbur Cohen and from John Gardner before him, the Congress has been told: "We have got the legislation we need. We don't have to have any more legislative authority. We have a Special Assistant to an Assistant for Population Affairs. And always when you got down to the nitty-gritty and looked in the Department to see what actually was happening, you would find that population research was a stepchild in NIH, with all due respect to NIH, and I do respect Dr. Marston and the distinguished NIH staff.

You would find family planning services was a stepchild under the maternal and child health services, that family planning was not basic to the leadership there, and that you never could pinpoint who had real program authority and responsibility.

Of course, we tried to create real accountability in S. 2108, and then we modified it in response to the compromise agreements proposed by the Department of Health, Education, and Welfare.

Now what I am calling your attention to is that I don't think we should modify the legislation any further. I think we should go ahead with the compromise. I am calling your attention to the fact that the leadership in HEW is—I won't say chiseling—but I will say they are

already going back on their agreements to us. They have a very fine medical man, Dr. Hellman, who they brought in here to head up this program.

I tried to explain to him, along with Senator Eagleton and others, that we are trying to protect him, that we want him to have the authority to get things done as well as the responsibility. But I see gradually, even by the thrust of the testimony here this morning, HEW going back bit by bit on the agreements they have already made to us.

Now, I think it is very important that you gentlemen should have this background, because if we can pass this legislation with your help, I think we ought to be right on top of HEW next year in oversight hearings to see that they are carrying out the letter of their agreements as stated by Secretary Black—and are not throwing Dr. Hellman to the wolves in HEW—in other words, that he has the authority that he should have in order to meet the responsibility which we are going to require of him in the Congress.

This morning, Secretary Richardson indicated that he did not oppose the compromise in the Senate passed version.

He indicated that the Department preferred to not to have Dr. Hellman's new authority confirmed legislatively, that the Department preferred not to have Congress publicly commit the Department to do what it has openly said it wants to do and will do.

Well, I would hope that the members of your committee would take a good, long, hard look at Mr. Richardson's testimony in light of the past history of HEW, and with all respect to Mr. Richardson, you must, too, be finding out that HEW is a different department to administer. I think that the statement in the bill, that the Deputy Assistant Secretary must have the authority to direct and coordinate the Department of Family Planning and Population programs, constitutes a bare minimum.

This gives the Department the flexibility it claims to need, and it also provides us, the Members of the Congress, with the legislative right to oversight and to see that they carry forth and administer the bill as the Congress wishes them to.

It is not the intention of the legislation to reduce then in any way the administrative flexibility of the Department officials to manage the programs as best they deem fit, but we do want, and I think it is the thrust of this legislation, the responsibility and authority being in one person so that we have someone to look to. When Secretary Richardson quietly jettisons the budgetary authority and responsibility of the Deputy Assistant for Population Affairs, how can you hold a man responsible if he does not have authority?

I hope that the Secretary reads what I have to say here, because I have been disappointed somewhat in the apparent moving back to the old HEW line of the past 4 or 5 years.

We have a right in the Congress as elected representatives of the American taxpayers to demand a full accountability for the funds that are appropriated, and in an area as important as this, we should not have that accountability voided by clever bureaucratic divisions so

that you can't really tell where the money is or who is responsible for the lack of action.

The past history makes clear the need of this legislation and the need for adequate direction, coordination and, of course, most of all, accountability. I strongly urge that the committee preserve the provisions of 2108, the basic provisions of the compromise that was agreed upon last spring.

One other comment I might make on Secretary Richardson's testimony on page 17.

I would respectively suggest the subcommittee to check into some of his testimony. He states that in addition to strengthening the administration of the department through reorganization there has been an increase in financial support during the last 5 years and the population activities have increased more than five fold from \$20.2 million in 1970 to \$106 million in 1971.

Well, I am sure these were the figures given to Mr. Richardson for the purposes of his testimony today; Secretary Finch was given similar figures for the purpose of his testimony before the Senate committee last December.

If you are interested, you might take a look at the Senate interrogation of Secretary Finch.

When you get right down to it and ask for detailed documentation of those budget figures, Secretary Finch testifying before the Senate last December admitted that they were highly inflated. I think he used the term "Mickey Mouse" with respect to those figures.

One of the reasons why it is difficult for Secretary Richardson to have specific figures to give you is because, under the present bureaucracy in HEW, funds are so spread around with no accountability that no one knows what is being spent. Money for widely diverse categories which don't even directly relate to family planning are included under those total figures given. And Secretary Finch, when he got down to it, he had to admit that they were highly inflated.

I point that out, and point out that in this legislation we don't permit that. We spell out the authorization, and if it is carried through with the accountability as set out in the letter from Creed C. Black, we will know exactly what we are authorizing. We will be in a position to know exactly what we are spending, and, if we are not getting results why we are not getting them.

(Senator Tydings prepared statement follows:)

STATEMENT OF HON. JOSEPH D. TYDINGS, A U.S. SENATOR FROM THE  
STATE OF MARYLAND

I wish to commend the distinguished Chairman of the Committee for his decision to hold hearings on H.R. 11550, S. 2108 and other similar proposals and the distinguished Representative from Florida for his interest in chairing them.

CONSENSUS ON THE ISSUES

A broad consensus has developed around most of the issues raised by the family planning legislation being considered by this Committee:

Nearly everyone agrees that we have a serious family planning problem in this country that demands solution.

Nearly everyone agrees that eliminating unwanted births in the U.S. by voluntary means will provide significant human and economic benefits and will contribute to the solution of our aggregate population problem.

Nearly everyone—including HEW officials—agrees that federal family planning programs to date have been badly mismanaged, starved for resources, and largely unsuccessful in reaching the 5.3 million women who are estimated to need and want family planning services and contraceptives.

And, as HEW's own departmental estimates confirm, nearly everyone agrees that the new authorizations for family planning project grants and population research proposed by H.R. 11550 and S. 2108 are extremely modest in relation to need.

#### ADMINISTRATIVE AGREEMENT

This leaves just one principal area of lingering contention: the administrative structure needed to successfully manage HEW's population and family planning programs.

As you know, the original version of S. 2108 introduced in the Senate last year called for the creation of a National Center for Population and Family Planning; a single agency combining the various family planning service and research programs in HEW under one accountable official with the full policy authority and operational responsibility to get the job done. It is my considered judgment—and that of a majority working in this area—that bringing services and research together under one roof greatly increases the efficiency of a goal-oriented program such as family-planning.

But this reorganization proposal to provide federal family planning programs with a focus of action, accountability and the means for effective coordination was not the product of some arbitrary notion about how bureaucracies ought to be constructed. On the contrary, it was the practical consequence of five frustrating years of failure under the existing structure.

That the need for reorganization still was a matter of contention during the Senate hearings on S. 2108 last December both mystified and disappointed me. For five years HEW officials had come before Congress and denied the need for new legislative authority and administrative structure in the field of family planning. And for five years our federal family planning programs—by the admission of these same officials—had been a dismal failure. Instead of results, all Congress ever got was the recurring bureaucratic plea: "Give us one more year."

Finally, this spring, HEW acknowledged the need for an administrative reorganization of the Department's population and family planning programs. However, Department officials opposed the single-agency approach contained in the original version of S. 2108 on the grounds that the creation of a new agency would require 18 months or more. Instead, they suggested an alternative reorganization plan which they claimed could be implemented immediately. The elements of this alternative plan were spelled out in a letter from Creed Black, HEW Assistant Secretary for Legislation, to the distinguished Senator from Missouri, Thomas Eagleton. I ask permission to have this letter dated March 17, 1970 appear in the record at this point in my remarks.

Briefly, the plan outlined in this letter was to give the Deputy Assistant Secretary for Population Affairs, Dr. Louis Hellman, direct line authority over the Department's family-planning service and population research programs. Dr. Hellman was to exercise this new authority through two officials who were to hold dual appointments as directors of the National Center for Family Planning Services and the Population Research Center, respectively, and as special assistants to Dr. Hellman. In addition, Assistant Secretary Black's letter indicated that Dr. Hellman would have control over a separate new budget category which combined all of the funds for the Department's family planning and population-related programs. Plans also were announced to strengthen the staffing of the Office of Population Affairs over which Dr. Hellman presides.

In return for accepting this alternative reorganization scheme, HEW officials indicated that they would withdraw their opposition to S. 2108 and its companion bills in the House.

Despite the misgivings of some of the bill's sponsors, this compromise was affected; though I personally hope that we will continue to move towards the creation of a single agency over the next two years. The measure which passed the Senate unanimously and which is now before this Committee reflects the terms of this agreement.

## THE NEED TO PRESERVE THIS AGREEMENT

However, since the consummation of this agreement, the Department has undertaken unilaterally several significant and deeply disturbing changes in the reorganization plan they themselves proposed. In a memorandum dated June 23, 1970, then acting-Secretary of HEW, John Veneman, informed the heads of the relevant operating agencies that Dr. Hellman would have "full line authority and responsibility for directing population and family planning activities" within the Department; *but*, the promise to provide Dr. Hellman with assistants holding dual appointments as a mechanism for carrying out his responsibilities was abandoned. I ask permission that the text of this memorandum appear at this point in my remarks.

Then, within the past week, word reached me that the special budgetary arrangement giving Dr. Hellman direct control over all family-planning and population research funds similarly has been jettisoned.

Finally this morning, though Secretary Richardson indicated he did not oppose the administrative provisions in the Senate-passed version of S. 2108, he indicated that the Department "preferred" not to have Dr. Hellman's new authority confirmed legislatively; that the Department "preferred" not to have Congress publicly commit the Department to what it openly has conceded is necessary.

The lame excuse offered—the same one HEW officials have cited for half a decade—was that this legislative authority would deny the Department sufficient flexibility. However, one look at the administrative provision in S. 2108 quickly reveals the hollowness of that defense. For the bill merely states that the Deputy Assistant Secretary for Population Affairs must have the authority to direct and coordinate the Department's family planning and population programs; authority which the Department agrees Dr. Hellman must have as stated in the March 17 letter and the June 23 memorandum. No specifications as to *how* that authority is actually to be exercised is contained in the bill, leaving all of the administrative arrangements and operational details to the Department itself. Indeed, if the Department's recent changes in the administrative plan it offered last March are any indication of what is to come, the situation is very flexible to say the least.

In short, it is *not* the intention of this legislation to reduce in any way the administrative flexibility of Department officials to manage these programs as they deem best—unless "flexibility" is interpreted to include the option of not getting the job done.

## CONGRESS' RESPONSIBILITY TO THE TAXPAYERS

Gentlemen, as the elected representatives of the American taxpayers, we have a right and an obligation to demand full accountability of the funds we appropriate to the executive agencies. If the authority to provide that accountability is deleted from S. 2108, we will be right back where we have been for the last five years: confronting programs that are not meeting our standards without any office or official fully accountable.

In my opinion, the facts and past history make clear the need for Congressionally-created authority to provide our family-planning service and population-research programs with adequate direction, coordination and accountability. And I strongly urge the Committee to preserve the provisions of S. 2108 that seek to assure that objective.

Mr. ROGERS. Thank you very much, Senator, for this testimony and the background for some of the dealings that the Senate has had with HEW.

This committee will go into those very carefully, and also the figures. Also, you probably know this committee is usually very specific in its authorizations so we would be interested in that approach as well.

Mr. Preyer.

Mr. PREYER. Thank you, Senator. We appreciate all you have done in this field, and what you have told us here is very helpful on this bill, and will be very helpful in our oversight function in the future.

Thank you very much.

Mr. ROGERS. Mr. Nelsen?

Mr. NELSEN. Thank you, and I welcome my good friend, Senator Tydings. We have had many, many meetings on the District of Columbia Omnibus Crime Bill, and it was very interesting to work with him. I must congratulate him on his very effective presentation of his point of view here, and certainly there is merit to it.

Mr. ROGERS. Off the record.

(Discussion off the record.)

Mr. NELSEN. I made reference earlier today to an article that I read dealing with the environment. This article pointed out that there are about 40 different government agencies involved in activities that are almost parallel in the same field and there is a great contest that always develops as to who is going to be calling the shots.

I presume some of the problems in HEW would move in the same direction, and as I interrogated Mr. Richardson, he stated that his objective is to bring them under one head. I can sense that that is exactly what you want to do, so there is accountability.

Senator TYDINGS. Amen.

Mr. NELSEN. There is one point I want to make in defense of the agencies downtown which is that we many times pass bills in Congress to do a certain thing, and we maybe authorize money, but we don't make the appropriation. As a consequence they are powerless to do the job that we may have set out for them to do. Sometimes there might be a temptation on the part of administrative officials to put that cat in our bag and say, "Okay, tell us how many dollars you will appropriate."

I just wanted to make that observation. I want to thank Senator Tydings for his effective appearance here this morning.

Mr. ROGERS. Dr. Carter?

Mr. CARTER. Thank you, Mr. Chairman. I have certainly enjoyed the Senator's presentation and certainly I was happy to cosponsor the bill.

Senator TYDINGS. We appreciate that very much.

Mr. ROGERS. Mr. Hastings?

Mr. HASTINGS. I join my colleagues, Senator, in commending you on your statement. The points of view on the administrative position are of particular interest to me, and you can be sure I will take a careful look at your approach in that segment as opposed to the administration's.

Senator TYDINGS. Thank you very much.

Mr. Chairman, I would like to thank the subcommittee—I know you are busy—for taking the time to hold the hearings on this legislation.

I feel it is important legislation, and I believe your efforts in this field represent a great public service.

Mr. ROGERS. Thank you, Senator. We appreciate your being here today. We will take one more witness, and then recess and sit at 2 o'clock.

Mr. Rockefeller, John D. Rockefeller III, was held up by a flight. He will be in and testify at 2 o'clock.

Now we are going to hear the testimony of a man who has been very involved with this program, Hon. William H. Draper, Jr., who is a member of the governing board of the International Planned Parenthood Federation, and honorary chairman of the Population Crisis

Committee, as well as U.S. representative on the United Nations Population Commission.

We are pleased to have you take the stand, and we will receive your testimony at this time.

**STATEMENT OF WILLIAM H. DRAPER, JR., WASHINGTON, D.C.**

Mr. DRAPER. Thank you, Mr. Chairman.

Mr. ROGERS. Your statement will be made a part of the record at this point without objection, and any comments you would like to make would be fine.

Mr. DRAPER. It is very brief. If you would not mind, I will read it. It is three pages.

Mr. ROGERS. That would be fine.

Mr. DRAPER. Mr. Chairman and members of the committee, my name is William H. Draper, Jr. I am a member of the governing body of the International Planned Parenthood Federation, honorary chairman of the Population Crisis Committee, and the U.S. representative on the United Nations Population Commission.

Today however I appear not on behalf of any organization but as an interested American citizen who believes that too rapid population growth in this country and what has been termed the population explosion in Asia, Africa, and Latin America, threatens the future peace and prosperity of the entire world more than anything else except perhaps nuclear war.

For more than 5 years I have devoted my entire time trying to help bring birth rates back into balance with death rates both here and abroad. There has been real progress. In the United States during the past decade our net natural rate of increase, which means annual births minus annual deaths, has been reduced by one half. Last year the downward trend was reversed for the first time as more of the boys and girls of the baby boom after World War II have begun to start their own families. This will affect our national situation for a few years, but I am hopeful that the general downward trend of the past decade will continue after a very brief interruption. The people of this country, have to a very large extent I believe, become convinced that smaller families are better for all concerned, and particularly for their own family circle.

The most important remaining population problem in our American society is undoubtedly the unwanted child. It has been estimated that one in five, or even one in four, of the total births in this country are unwanted and unplanned. Twice as many poor families have unwanted children as nonpoor families. Better contraceptives and more family planning facilities well could end that tragedy.

I personally believe that we in this country already have enough people and many more than enough crowded together in our large cities.

President Nixon in his message to the Congress last year pointed out that at our present rate of increase, we can expect approximately 100 million more Americans to populate this country in the next 30 years—200 million or more people now, 300 million people 30 years from now. I cannot believe that adding 50 percent to our population in

three decades is good for our country or good for the quality of life of our people. Instead, I advocate a zero population growth for this country just as soon as it can be brought about through greater education, better motivation, and purely voluntary birth control methods.

The average-sized family is now approximately 2.8 children per family. Simple replacement means two children per family. However, some people do not marry, some couples are childless. It is estimated that about 2.2 children per family on the average would maintain our population at its present level.

If in fact the problem of the unwanted child, with all the heartaches and heartbreaks that many of these children must endure, and the burden on society as a whole that they represent, could actually be solved during this current decade, so that very few unwanted children are born after 1980, we would have gone more than halfway toward what I would consider our desirable national population goal—a zero growth rate. Continued education and, hopefully, growing awareness on the part of all Americans that the small family concept is the right one, both on this for the family group and for the national good, could well close the remaining gap.

Five years ago I could hardly have hoped that the Government of the United States would have moved so far. Five years ago congressional appropriations—or even administration speeches—on the then controversial population problem, were almost nonexistent. Now opposition to proposals for voluntary family planning is almost nonexistent, as indicated by the testimony today.

Let us look at the foreign scene for the moment. In viewing the very real progress abroad, I must particularly applaud the Congress of the United States. Both the House of Representatives and the Senate have shown great leadership in dealing with the serious threat in too rapid population growth. Three years ago, when almost none of the \$2 billion annual foreign aid funds were being used to help developing countries with birth control, on their own request, despite full authority to do so, the Congress earmarked \$35 million to use for this purpose and for this purpose alone. A year later, the earmarking was increased to \$50 million. Last year \$75 million were so earmarked, and this year the earmarking has reached \$100 million. Congress has taken the initiative.

Funding on the domestic side to meet our country's need for family planning facilities was almost the same story, until last year when President Nixon sent his historic message on population to the Congress. He suggested that every American couple, regardless of economic status, should be entitled to exercise its own God-given right to decide the number of children each mother and father really wanted. President Nixon proposed that a 5-year program should be adopted by the Congress and carried out by the executive departments, so that both complete information and adequate facilities are available throughout the country to every couple wishing to space or limit the number of their children.

The proposed legislation, H.R. 11550, which was introduced in 1969 with nearly 100 House and Senate cosponsors, will accomplish that broad objective. The bill authorizes additional appropriations for this purpose, increasing annually to provide services through State, munic-

ipal, and local agencies, public and private, and also to provide increasing amounts each year for contraceptive research and development.

In my judgment the most significant gap in the work of the Department of Health, Education, and Welfare and of the National Institutes of Health over the last decade has been in the field of contraceptive development and research. There has been and still is a great need to develop simpler, safer, more effective and acceptable methods of family planning. This research, I might say, should also include extensive efforts to improve the rhythm method which, if successful, would not only make birth control much easier for one important religious group but also would represent a great advance for all mankind.

Certainly better contraceptives would be invaluable in helping to solve the very serious and threatening problems caused by the population explosion in such countries as India, Pakistan, the United Arab Republic, Brazil, and Mexico, as well as in the United States. Better contraceptives, if they can be found, could do more in all probability to promote the world's future peace and prosperity by speeding up solution of the population problem than almost any other single scientific advance.

Finally, Mr. Chairman, may I say that this is indeed a happy occasion for me. Only last month the Senate of the United States unanimously approved the legislation your committee is considering today. I would like to end my statement by thanking you, Mr. Chairman, and the members of this committee, for the opportunity to appear before you today, and by expressing my sincere hope that your committee will act favorably and soon to put this measure before the House of Representatives for consideration and vote. I would hope that before the session is ended this bill will be enacted by both Houses of Congress and be signed by the President of the United States—that would indeed be a long step forward for mankind.

I might add three points, Mr. Chairman. No. 1, I refer to the hearings that were held this year in the Senate under Senator Nelson, which went into the question of the pill, whether it was safe, whether it was effective. While I think some of the testimony was exaggerated, it certainly did indicate the dangers and side effects of the pill to the people of this country. It was heralded in every village and town and city of the country, and in the rural areas, too, because so many people are interested in this subject. It did show conclusively that even the pill, which is the best and most effective of the contraceptives available today, does have its drawbacks and does have certain dangers and side effects.

Eighty-five million women were on the pill. I don't know how many have dropped off, but when you add up eight and a half million women and their families and their close friends, it means that at least half of the population of this country are vitally concerned through their relative or their friend, in our Government developing a safe, effective contraceptive.

So that the people of this country, broadly speaking, will certainly support whatever appropriation is necessary for that purpose.

My second point: The real population problems of the world are **not** in the United States although they are serious here—but in India,

Pakistan, Brazil, Mexico, and many other countries, where the situation is so serious that if something does not happen to slow it down, and it is not going to happen by itself, in the next decade, I would say serious political and social and economic problems that will shake the world will occur.

If this country, through this legislation, through the efforts of the executive branch following this legislation, sets the pace for the rest of the world; if we, when we go out with our foreign aid and our birth control programs and our missionary work and what many people abroad think of as telling them what to do in this regard, if we can go there, having accomplished this birth control program here, or are in the process of accomplishing say, zero population growth in due course ourselves, it will greatly enhance our efforts and will probably lead to much more effort in the rest of the world. We can say, do as we do, not just do as we say.

My third point: I have done a great deal of thinking about the question raised by Senator Tydings, and by Secretary Richardson today, the question of whether or not the congressional language, the enactment of language, would specify the organization.

I have followed the discussions on both sides and I would like to make my own personal recommendation very strongly, that the language of the bill does and should set forth the organizational requirements as was agreed by the department.

Thank you.

Mr. ROGERS. We are grateful for your being here, and your testimony will be most helpful to the committee.

Mr. Preyer?

Mr. PREYER. Thank you very much, Mr. Draper, for a very interesting statement which is condensed and brief and suggests a lot of the thought behind each sentence.

You make the interesting point of how things have changed in 5 years, and it is a remarkable change for us to even consider zero population growth in this country, because boosterism has certainly been an important part of our folklore. Each city prides itself on being larger than its neighboring city, on growing faster than its neighboring city.

We have been told that increasing population will continue to increase markets for products, and that the stock market will always keep going up as a result, so to suddenly reverse that trend is a real wrench and the fact that we seem to be doing it is a great tribute to you, and people like you, who have accomplished things in this field that I would never have thought possible a few years ago.

So I certainly commend you for all you have done, and I share with you the hope that we can get this out of Congress this session.

Thank you very much.

Mr. ROGERS. Dr. Carter?

Mr. CARTER. Thank you, Mr. Chairman.

Certainly, I enjoyed the distinguished gentleman's presentation and I thought it was quite good. I have heard many over the years, and he certainly has been a leader in this field. In the few short years I have been on this committee, I can remember the time when I mentioned family planning, and there was a dead silence among certain

members and some people said, "I agree with you in principle, but I just can't go along."

That has changed, and I think this bill will go through the House without too much difficulty.

Thank you, Mr. Chairman.

Mr. DRAPER. Mr. Carter, I would like to commend the forward looking stand that you have always taken in this. I do remember appearing before this committee in the past with your help.

Mr. CARTER. Thank you.

Mr. ROGERS. Thank you very much, and we appreciate your being here today.

The committee will stand adjourned until 2 o'clock this afternoon.

(Whereupon, at 12:20 p.m. the subcommittee recessed, to reconvene at 2 p.m.)

#### AFTER RECESS

(The subcommittee reconvened at 2 p.m., Hon. Richardson Preyer presiding).

Mr. PREYER. The committee will come to order.

Our next witness will be Mr. John D. Rockefeller III.

We appreciate Mr. Rockefeller's being with us this afternoon, and regret that his plane this morning was a little bit delayed, making it impossible for him to take part in our hearings this morning.

I must apologize to you for Mr. Rogers, who has been chairing this hearing, but is chairing this afternoon a committee discussing how to dispose of germ warfare material.

I think it is to be dumped off the coast of Florida, and he anticipates that perhaps he can move it up to North Carolina in the hearing this afternoon.

But this is a hearing that has been set for some time and has created a lot of public interest, and Mr. Rogers felt he had to be there.

Some of our other members are over answering a rollcall, and I am sure they will be dropping by. We will go ahead, Mr. Rockefeller, in order not to delay you any longer.

#### STATEMENT OF JOHN D. ROCKEFELLER III, NEW YORK, N.Y.

Mr. ROCKEFELLER. Thank you, Mr. Chairman and members of the committee. I have a number of affiliations with organizations having programs in the population field, and I now have the honor of serving as chairman of the National Commission on Population Growth and the American Future, but I am appearing here today as an individual.

I am pleased to have this opportunity to testify in support of this important bill, S. 2108. It represents a welcome initiative that seeks to implement the principal recommendations of the 1968 report of the President's Committee on Population and Family Planning, on which I served as cochairman. As such it translates the national concern over population problems into institutional action and thus takes the most crucial next steps advocated by the former committee. It was thus most gratifying to me that the Senate approved this measure, and I trust that you and your colleagues in the House will similarly conclude that it is clearly in the national interest.

For more than 30 years I have worked on the world's population problems and since 1952 when a group of us established the population council, I have been more directly involved. It was more than a year and a half ago that the President's committee presented a statement of needs and opportunities to improve this Nation's efforts in regard to population and family planning. Hence, I am particularly appreciative of the proposals put forward by this administration and such legislative proposals as you now have under consideration. I am encouraged by the developments of recent years to believe that our Nation is about to embark on a major commitment to a strong national program of services, training, and research in this most important area. And this bill is an integral part of the growing commitment and a necessary part in translating objectives into actual practices.

I feel that I lack the expertise to offer this committee an analysis or critiques of the administration or organizational aspects of the bill under consideration. But as to its specific call to immediate action no words I could offer would be strong enough to give the support it is due.

The proposed bill has the important purpose of assuring continuity of assistance over a 5-year period and thus enabling and mobilizing the family planning services and the scientific effort necessary in this field. In supporting action and further research the bill recognizes both the short run and the long run need to bring greater effort to bear on the population problems facing this Nation and the world. In other words, it would provide the tools for a larger and more sustained effort.

On the substantive side it earmarks funds for family planning service projects so that existing institutions, both private and public, can maximize their effectiveness in providing such services, including the use of formula grants to encourage State and local health departments in this area. Expanding family planning programs to make information and services available on a voluntary basis to all American women who want but cannot afford them is now accepted. Involvement of educational agencies in the development of population and family life materials is long overdue, and providing additional basic support for population study centers is essential for the years and the problems ahead. On the research side the bill earmarks funds to fill a serious shortage in support of both biomedical and social research in the population field.

At a time when the United States is encouraging the adoption of national family planning policies in lesser developed countries, the enactment of this bill will be a clear signal that we value this approach for the betterment of all peoples, ours as well as theirs. It is important to recognize that passage of this bill would demonstrate to the world the seriousness of this country's approach to its own population problems.

In my opinion there is no problem facing mankind today more important than the population problem. It is not unreasonable to say that to a very considerable extent it underlies most other major problems; that is, their solution to a very considerable extent depends on its solution. The population problem thus belongs not only to the developing areas of the world but is equally important in our own coun-

try where we are increasingly concerned about our quality of life. The program you are considering is needed to solve our own critical social, health, and environmental problems as well as to make it clear to other nations that we are attempting to do here what we counsel them to undertake in their own plans.

I applaud this committee for dealing so thoughtfully with what many of us consider the most vital issue of our times. What is at stake is human dignity and the attainment by the individual of his full potential.

Thank you, sir.

Mr. PREYER. Thank you very much, Mr. Rockefeller. Dr. Carter.

Mr. CARTER. Thank you, Mr. Chairman.

Certainly I think this is an excellent statement, and as a cosponsor of S. 2108 I feel that the bill will certainly come out of this committee and will pass the House. That is my feeling.

I think it is extremely necessary that it do so.

Thank you, Mr. Chairman.

Mr. PREYER. Thank you, Dr. Carter.

I think, Mr. Rockefeller, coming from a man of your stature and distinction, a man who has been the cochairman of the President's Commission in this field, and from a man who is one of the founders of the Population Council, that your words carry a great deal of weight when you say that the specific call to action in this bill is one that you think is very important, and that you say "no words I could offer would be strong enough to back that up."

I think your statement makes very clear how important you feel the problem is. You say there is no problem facing mankind today more important than the population problem, that it underlies most other problems.

One of the aspects of this problem which was commented on earlier today is that the pressure of increasing population does bring a great deal of pressure to bear on our resources.

So one aspect is, will there be enough food, enough land, and so forth, in the future but another aspect of it which you emphasize clearly, and which perhaps the public does not emphasize as much, is the factor of quality of life.

You say that what is at stake is human dignity, that it is not just food, or just land.

I suppose there is plenty of land in Brazil, for example, but the increasing population there is a terrible problem for other reasons.

Would you care to comment further on that line, the human dignity problems that are involved, and the quality of life?

Mr. ROCKEFELLER. I could not agree more with what you said. In our country, the emphasis is increasingly on the quality of life side as against the basic essentials. When you talk about a country that is struggling to get enough food for its people, it is harder there to emphasize the quality of life, because the basic essentials must come first.

But in our situation, to me it is so very gratifying that more and more people are speaking about the quality of life, are recognizing that maybe in the past we put too much emphasis on the material side of our lives.

But in many speeches by national leaders, as well as private citizens, this quality of life emphasis comes to the fore.

Secondly, I have been tremendously gratified at the concern of the young people about environment, and from their interest in that, population comes to the fore and again quality of life again comes to the fore.

So I think we are in a transitional period as far as public opinion is concerned here, from emphasis on the material side of life to the quality of life, and I think it is a very auspicious moment for the population problem to come to the fore as a result of the bills being presented and by the general interest of the Congress in the subject.

Mr. PREYER. On the question of the dignity of life, I suppose that there would be groups—particularly religious groups—who again may say that any sort of family planning program runs the risk of offending what I suppose we would call the sacredness of human life.

Do you feel that this program by being noncoercive meets those objections or do you have any difficulty with that area of religious and ethical beliefs as it relates to family planning?

Mr. ROCKEFELLER. I do not have difficulties. I feel it does meet the objections. I think each human life in being is so important to our society and to the country that we have a tremendous responsibility to see human dignity made possible for every citizen, as well as the attainment of the full potential. To me, family planning is a basic element in the realization of that objective.

Mr. PREYER. I notice that yesterday the archbishop of Puerto Rico, speaking for all seven bishops, approved the Government's family planning program in Puerto Rico.

Mr. Rockefeller, since you have been testifying Mr. Ancher Nelsen has joined us.

Mr. Nelsen, do you have any questions to put to Mr. Rockefeller?

Mr. NELSEN. I don't know that I have any questions, but I did note your reference to material things, and even though this may be unrelated, I want to point out that my parents were immigrants. I look back to the days when we lived on a little 60-acre farm, and I recall my mother going out in the grove to pick up wood to go into the cast-iron stove to prepare the noon meal. I remember the rows of canned tomatoes and canned apples, the bin of potatoes, and smoked ham. By present standards some do-gooder could well have insisted that we were poor.

But we were not hungry, and we were happy, and we applied every effort of the family to then get on top of things.

One of the things I see lacking in our environment is the attitude of many people to get on top of things. They wait for somebody else to solve their problems, and we seem to be losing the initiative that has motivated America to become one of the greatest nations in the world.

I like what you said about the material things. It is not all together the answer, but I wish to add my thanks to you for making your time available to come down here. This is an important field that deserves careful study.

Thank you very much.

Mr. ROCKEFELLER. Thank you, sir.

Mr. PREYER. Thank you, Mr. Nelsen.

Mr. Kyros, of Maine, has just come in. He may have been delayed by the same weather conditions that delayed you, this morning.

Mr. Kyros?

Mr. KYROS. No questions at this time.

Mr. PREYER. Thank you very much, Mr. Rockefeller, and we appreciate your testimony and your call to action here and all you have done in this field.

Mr. ROCKEFELLER. Thank you, sir.

Mr. PREYER. Today we had not planned to have an afternoon session, and the House is in session now, so that we may have to interrupt or stop again to go to the House floor. I understand that there are several people in the audience who wanted to testify as witnesses, but whom we had not been able to put on for tomorrow, at least until after the other witnesses in the morning.

If they are prepared to testify now we could go forward until the bells ring to call us. However, if they are not prepared, we would have to get to them tomorrow.

Mr. Williamson, is there somebody to testify this afternoon?

Mr. WILLIAMSON. Yes, Mr. Chairman.

Mr. PREYER. Are you Mrs. David R. Mogilka?

**STATEMENT OF MRS. DAVID R. MOGILKA, CHAIRMAN, REVERENCE FOR LIFE OF AMERICA, AND MRS. ALVIN EMMONS, NATIONAL COORDINATOR OF CIVIC AWARENESS OF AMERICA**

Mrs. MOGILKA. Yes, I am. I am accompanied by Mrs. Alvin Emmons the National Coordinator of Civic Awareness of America from Milwaukee, Wis.

I will beg your indulgence, because my notes are all here, but not in the shape they would be tomorrow morning. I am from Milwaukee, Wis., and I am appearing before you, Honorable Chairman and members of this committee, in my capacity as chairman of the Reverence for Life. The statement presented today is made in conjunction with the Civic Awareness of America, represented here by Mrs. Alvin Emmons, who concurs in and shares our position. We are, of course, totally opposed to population control by government via contraception, abortion, sterilization, selective breeding, infanticide, and euthanasia.

In the first instance, however, as I would have said tomorrow morning, I would like to thank you for the opportunity of appearing as a witness.

We have come to Washington all the way from Milwaukee, Wis. and Wauwatosa, Wis., to make this appearance, at our own expense, I might add. Our opposition to government sponsored and implemented programs of population control goes back at least 6 years when we opposed the Federal funding of the planned parenthood clinics in Milwaukee under the antipoverty act.

And successfully so. We continued over the years to oppose all anti-life, and antimoral, antibaby, antifamily legislation. On July 14 of this year we were staggered beyond all imagination to learn that the Senate had indeed passed, without debate, and without dissent, the billion-dollar Government population control bill, S. 2108.

"Where," we asked, "was our representation?" Why has the opposition to this immoral legislation been suppressed? Did our Senators from Wisconsin, for example, truly represent their State, when we have thousands of petitioners opposing Government control? Did they represent their State when even bills opposing the liberalization of the contraceptive laws in Wisconsin were defeated in the last two sessions of our legislature? What about the Senators from Montana? On June 7, 1970, the Governor of Montana made a public statement that he will not permit the State to become a wasteland nor could he permit it to become a wilderness. He stated that his State needs people, and industry, to survive. Were his Senators representing his State when they voted for S. 2108 on July 14? Where is the democratic process when the bill is pushed through swiftly and quietly?

Mr. KYROS. Mr. Chairman, I would like to make a point of order, that perhaps the witness should be instructed that we are not here to pass judgment on the views of the Senators of Montana and the other States.

All we would like to have are the facts as to how the proponent feels for or against legislation, and it does seem to me that it transcends the witness' province that Senators did or did not represent their States.

Mrs. MOGILKA. May I suggest that we feel this very strongly, that there has been no dissent, and there should have been.

Mr. KYROS. There is nothing this particular body can do about what the other body does. It is not our province to pass judgment on them.

Mr. CARTER. Would the gentleman yield?

Mr. KYROS. Sure.

Mr. CARTER. Personally I may not agree with what the witness has to say, but I believe in her right to say it.

Mrs. MOGILKA. Thank you, sir.

We are trying to draw a picture here, and I hope you would bear with us while we do it.

Mr. PREYER. I think the witness can testify as to what the views of Montana and Wisconsin are, but as Mr. Kyros points out we have no control over the other body, but I think your general discussion about Montana needing people, that those are facts, and we are glad to hear them.

Mr. CARTER. Mr. Chairman, we could always vote against their bill.

Mrs. MOGILKA. We still question where is the democratic process, when the bill is pushed through so quickly and so quietly.

Now a scant 2 weeks later we are here at this hearing, public, so-called, before this honorable committee. The Congressman from the 9th district was asked to notify us of the hearings. He did on the 31st day of July. Despite the short notice, we vowed to appear to tell this honorable committee in no uncertain terms that the people of this land do not want Government programs of population control via contraception, abortion, sterilization, selective breeding, infanticide, and euthanasia. Signatures have been coming across the country opposing the programs of population control by Government, and we are prepared to submit them to this honorable committee to be entered into the record, singly and individually, in opposition.

We deplore the methods that are being used to speed these bills on their way to passage. We are deeply concerned about the fact, for instance, that for the most part, only people with total commitment to population control via contraception, abortion, sterilization, selective breeding, infanticide and euthanasia have been appointed to the newly created Commission on Population Growth and the American Future. Where are the Friends of Life on that Commission?

Why hasn't this bill been given the necessary publicity so that people can react and have a voice in their destiny?

Who has made the big decisions that population control is the solution to social and economic problems? Who has decided that population control should be national policy?

Why is the testimony and statements of experts who oppose population control not given any weight?

Men like Dr. Karl Brandt, Dr. George F. Carter, Dr. Charles E. Rice, Dr. Fredric Wertham, Rev. Rushdoony, to name a few? Why are not these men invited to give testimony? That grand old lady holding the torch of freedom must be ready to slip into the ocean to hide her message of refuge for the masses and the oppressed.

It is becoming abundantly clear to many taxpayers that as a matter of conscience they simply cannot allow Government to use their tax moneys for such immoral purposes.

Why do we say this? Examine the bill, and you will find that this, in truth, is an abortion bill.

Not only do the planners consider abortion as a method of birth control—and so abortion would be included under the family planning services—but also, so-called contraceptive drugs and devices as the pill and the intrauterine device are in fact abortifacients. Is the Government now putting the stamp of approval on the murder of the unborn? Not only is abortion a part of this bill, but also sterilization, both male and female, since this method, too, is being promoted as a method of birth control. Our Planned Parenthood Office in Milwaukee made quite a to-do over the fact that they opened a vasectomy clinic on the main street in the downtown area.

The bill provides that family services to all who desire such services be available. Is the Government now condoning fornication and adultery? There is no restriction here. "All" means anyone, married, unmarried, at any age. When a Dr. Joseph Beasley, director of State-wide Family Planning in Louisiana considers that social as well as medical service to the teenagers is essential to a good family planning service, can we expect that there will be a teenage department in this clinic?

Further, the news media indicated that this was a bill for the poor. The bill doesn't restrict services to the poor; rather it indicates that services would be available to all. This would make it a law of the land.

Where is the religious freedom guaranteed by the Constitution when these programs violate 10 Commandments? If this bill is passed, this Government will be a party to implementing programs which are contrary to the conscience of those who believe in the 10 Commandments. Ah, but you say that the bill specifically says that the acceptance of these services shall be voluntary, and shall not be a prerequisite or impediment to eligible for or the receipt of other benefits or participation in any other programs of financial or medical assistance.

How naive can we be? If we say "voluntary," that means something brought about by one's free choice, but the bill uses the word "acceptance, which would indicate that something is being offered. By whom? Under what circumstances? When any worker or public health nurse, goes into a home and offers family planning services with the prestige of Government behind her, there can only be one conclusion, and that is that this is something good, or Government would not be doing it. Where does that put the members of those particular religious persuasions who believe that all artificial contraception is wrong, that abortion is murder, that sterilization is mutilation? Does this not influence them to violate their religious persuasions, which they have a right to follow freely and without duress? And how long will these programs remain voluntary, when many so-called experts are already saying that a contraceptive program must be mandatory in order to be successful?

We believe further that this bill has builtin compulsion and coercion to bring about total population control, using any and every method and means. How can we discuss "voluntary" here, when Senator Packwood introduced a bill which would penalize by taxation any family that would dare to have more children than the Government prescribed.

How can we discuss "voluntary" when Senator Packwood also introduced a bill which called for a national abortion law, which would impose legalized abortions on all States, regardless of the wishes of the people or even the laws of that State, thereby removing from the individual States their right of self-determination?

Who is pushing for this legislation? It is plain to see that those who will profit the most are working the hardest. Records will show the activity of drug companies such as the Searle Co. which can only benefit from the creation of a vast governmental market in the pill and other drugs. Note that last year the drug companies did a \$100 million business in the sale of the pill alone.

The names of people associated with the Planned Parenthood Association which already has received a vast amount of tax dollars through funding and grants, dominate the records of public hearings. The stated purpose of this bill is to promote public health and welfare, but we really and truly question whose health and welfare this bill will really promote.

This bill indeed opens the door to the other more than 40 other bills and resolutions pending in Congress. Senator Packwood already has made a public statement that this bill does not go far enough, because it does not contain his provisions regarding legalizing abortion as well as the taxation penalty.

The massive propaganda generated by the proponents of Government programs of population control would have you believe that family planning is the only solution to the ills of the world. This simply is not so, I am sure you are all familiar with the information about the surplus in food for example. That there is hunger is due to maldistribution of food and a controlled economy. Man can provide more food than is necessary. We look to our programs where acreage is idled and people are paid for not growing food. So let's not say there is not enough food.

This bill contains statement after statement which can be challenged and which experts are disproving. There is further an effort by the

proponents of population control to relate it to the environmental and pollution problems, and offer population control as a solution. It can't be done. We, too, are concerned about pollution, but we are more concerned as we see the pollution of the mind of our youth as the immoral programs are given widespread publicity.

Everyone agrees that there must be cutbacks in the spending of the tax dollar. We could not agree more, and recommended that the \$1,100 million population control bill not be passed.

In the face of statements such as "freedom to breed is intolerable," and of programs that pay parents not to have children, be convinced that passage of this bill means total commitment. There is no such thing as a little birth control, any more than it is possible for anyone to be a little bit pregnant.

I thank you.

Mr. PREYER. Thank you, Mrs. Mogilka. We appreciate the depth of the concern out of which you speak.

Mr. Nelsen?

Mr. NELSEN. No questions. I just want to thank my neighbor from Wisconsin for having the courage and taking the time to come down here to give her very profound statement to this committee.

Of course, this is the public's opportunity to express themselves, and we are glad to make this forum available to you, and I am glad you came.

I see we have another vote, Mr. Chairman, and we have to get back to the floor again.

Mr. PREYER. Yes.

Mr. KYROS.

Mr. KYROS. I would like to welcome you here, too, and I can tell from your sincerity and the depth of your conviction you feel very strongly your opposition to any Federal legislation in family planning. Is that correct?

Mrs. MOGILKA. That is correct.

Mr. KYROS. Is there any form of Federal legislation that would give access to family planning which you could approve of?

Mrs. MOGILKA. The minute Government steps into it, it is no longer voluntary. We believe that people have a right to seek this information on a private basis and private organizations may provide this whether I agree or not. However, when my tax dollar is being spent, it is my business and I object.

Mr. KYROS. Isn't one of the problems, though, that in some parts of our country where there is considerable poverty, the need is to be don't have an opportunity to go to a doctor and get the education they need, or the kind of advice that they need?

Isn't that so?

Mrs. MOGILKA. We have our programs under the Social Security Act, where they can go to a doctor. They are free to choose any physician they wish. Family planning under the total medical care. There is no question about that.

Mr. KYROS. Is there anything that would dictate what physician they choose for their medical care?

Mrs. MOGILKA. Yes, it would be about acceptance of family planning services. These programs are now being

put into motion which would make Government go out and seek out that person who, they think, should have birth control.

It should be the other way around. It is the person who should go and ask if they so choose, and all within their own religious persuasion.

Mr. KYROS. Suppose the information were just made available in certain areas of the country, towns and cities, and the people were advised, "if you want to go, and get information, and listen to a lecture about planning your family, then you can go, but if you don't want to go, you don't."

Would you find objection to that?

Mrs. MÖGILKA. If you mean under Government auspices, I don't think you would be able to construct such a program without having the element of compulsion there. We do have within our cities private programs. Planned parenthood is involved in these programs.

The function of Government should be to sustain and prolong life, not to use all its resources to limit life.

Mr. KYROS. How do you see compulsion suggested to you, when there would be a clinic run by people locally, funded by the Federal Government, which would if you wanted to go to it, give you advice on planned parenthood?

Mrs. MÖGILKA. May I ask you why it should be funded by the Federal Government? The program of the Planned Parenthood program is not acceptable to many people.

Mr. KYROS. Our programs of cleaning up pollution and so forth are funded by the Federal Government. Again I suggest that if there were a poverty stricken area in the United States, where most people don't have the funds to put together to run such a program, a clinic, would you then see any compulsion in it?

Mrs. MÖGILKA. Population control is not the answer to poverty, yet this premise is being imposed on us as a basis for solution. Certainly pollution cannot be put in the same category.

Mr. KYROS. You talk about population control, and I talk about family planning. I see some differences.

I agree with you that the Federal Government should not say to any family that it should have only a certain number of children and so forth.

I have doctors and social workers tell me there are women in this world who know where babies come from, but know nothing about the physiology of their own bodies.

My question again would be, to those persons who really don't know much about what the human body is about, or the reproductive system, should some effort be made to afford them an education?

Mrs. MÖGILKA. They certainly are privileged to go to their physician. The problem in that area is overloaded. He can't take time out to counsel every person. That is why I am suggesting to you, opening up such a clinic?

Mr. KYROS. It is like putting the foot in the door, or the camel's nose in with a seemingly innocuous practically unacceptable program.

In Hawaii, for example, they have liberalized abortion. They now have a bill that would make it mandatory for a physician to perform a sterilization after the birth of a child if the woman has two or more children.

We see this developing here in our own country. We look at Senator Packwood's bill, the tax bill, and there is no question but that there is coercion.

If you remove an exemption after the third or fourth child, you say voluntary, but your actions are saying, mandatory.

Mr. KYROS. The bills of Hawaii must be passed by the State, by their own people, and even if those bills were to provide for sterilization after the birth of the third child, that does not appear in this bill, does it?

Mrs. MOGILKA. Not in so many words, but if you examine the bill, you will find all the earmarks of total population control. This has happened in other countries and we are well on our way here.

Mr. KYROS. I have the testimony before the Senate committee before me, and I have been trying to look through it, and I promise you that I will read it.

Mrs. MOGILKA. It is all in there.

Mr. KYROS. What about the premise in here that there is a great population explosion, and that we will be inundated by people?

Mrs. MOGILKA. Let me say this, the idea of a population explosion is a myth—in fact a great hoax.

Mrs. EMMONS. In the Republican committee report entitled "Room To Grow,"<sup>1</sup> it was stated we live on 1 percent of the land.

Mr. KYROS. What Republican committee?

Mrs. MOGILKA. We will be glad to show it to you.

Our density is 55 people a square mile.

Mr. KYROS. If we average it. So all this talk about India and the United States, or Japan, or Mexico, or anywhere else, a population explosion, really does not fit the facts, because this world can take more people and spread them out more?

Would you have people move from the cities and the suburban areas, into areas that are not arable and are non-developed, and spread them throughout the United States?

Mrs. MOGILKA. Perhaps this is a solution.

Mr. KYROS. Who should do that? Who should tell the people to move? From the eastern seaboard?

Mrs. MOGILKA. We had this in Illinois. A private concern, Marshall Field Co.'s subsidiary Sears and Roebuck, setting up a model city.

Mr. KYROS. Do you think the Federal Government should dictate where people should live throughout the United States?

Mrs. MOGILKA. No; no more than they should dictate the number of children they could have.

Mr. KYROS. Do you feel this bill dictates that?

Mrs. MOGILKA. Yes.

Mr. KYROS. If you have the bill before you, could you point that section out, because I am going to be against that section if it does so.

Which section dictates the number of children?

<sup>1</sup> The document "Room To Grow," referred to above, has been placed in the committee's files.

Well, whenever you find it, why don't you write me?

I would be pleased to hear from you, or write the committee.

(The following information was received by the committee:)

S. 2108 dictates the number of children parents could have by the very fact that the bill is based on a premise that is neither valid nor accepted by everyone—the premise that population control is to be a way of life for the American people. The entire program is based on estimates and assumptions but comes up with one solution for everyone—family limitation as a way of life.

This billion 100 million dollar bill assumes that family limitation is a national policy; that population control programs are a foregone conclusion and that all remains is an implementation of programs and their financing. The manner in which this bill was passed in the Senate—without dissent and without debate—the number of Senators on the floor when this bill was passed; the fact that certain programs are operating by mandate and directive that positions are held by “administrative fiat”; that enabling legislation is being sought “after the fact”—all this suggests (to put it mildly) a definite dictation.

Mrs. MOGILKA. May I just interject?

We, as I said, have come from Milwaukee, Wis., for this one reason, to be heard. In the past numerous hearings were held. We had no inkling of them. This hearing today is, as I said, a hearing we had short notice about. Also, our statement is being given under extreme handicap because of this.

Mr. KYROS. Is it on sudden notice to you? I will ask the chairman of this committee to give you ample notice, because I think your views are interesting, and everybody seems to be for the bill, and you are opposed, and your views should be on the record.

I will ask that you be given ample time to appear in the next 2 or 3 weeks.

Mrs. MOGILKA. We have to pay our way from Milwaukee.

Mr. KYROS. Thank you very much.

Mr. PREYER. Mr. Carter?

Mr. CARTER. Thank you, Mr. Chairman.

To begin with, we certainly don't think this is a compulsory bill. That was not the intention of it. It involves voluntary participation, and we are doing things in this bill, part of them, which should, I think be acceptable to you.

For instance, we are studying further the rhythm method which many people use as a means of birth control and family planning.

We are going to go further into that to be of assistance to you so that you can do this if you want to.

Certainly as one member of this committee I am strongly opposed to infanticide, very much so, and to euthanasia. We are all opposed to those things, and we are not going to support such things as that.

Now to relieve your mind further about abortions and so on, we certainly don't mean for this bill to cover those widespread things, or such comprehensive bills as have been introduced and passed in Hawaii.

Personally, I am opposed to abortions except in such cases as might endanger the life of the mother or in case of incest or rape, and personally I would not support any bill that does advocate all these things which you have mentioned.

I believe that a lot of your reasoning is based upon fear, and we want to tell you that we don't want to do those things, so many of those things which you mentioned.

That is not the intention of the bill. But we do realize that we do have a serious problem and by the year 2000, this United States will have 300 million people, and it is doubtful where and whether we can support them.

The world will have 7 billion people, and we doubt if the productivity of the world will increase, so that they can be adequately supplied, even with the bare necessities of food and nourishment.

That is why we have this voluntary—not compulsory, plan, but voluntary plan of family planning.

Thank you, Mr. Chairman.

Mrs. MOGILKA. Would you feel that if the Planned Parenthood Association is one of the private organizations given grants and funding under this bill, they should implement their program of abortion and sterilization for which they are on public record in support of, and which they are now proceeding to implement?

Or would you feel you would then bar them from proceeding with abortion and sterilization programs?

Mr. CARTER. Sterilizations, but certainly I don't believe this bill covers abortions at all.

But in any case, if a man wants to have himself voluntarily sterilized have a vasectomy, I personally see no objection to that.

The same way, if a lady wants her tubes tied, that is up to her. That is her own prerogative, but you are not going to force anybody in the United States to have these things done.

At least I don't think so.

Mr. PREYER. Thank you, Dr. Carter.

I regret very much that we will have to recess at this time because of the vote over on the House floor.

I want to thank you, Mrs. Emmons and Mrs. Mogilka. You are very articulate witnesses, and made a very good presentation here.

Mrs. MOGILKA. Thank you.

Mr. PREYER. We will adjourn until tomorrow morning at 10 a.m.

(Whereupon, at 3:15 p.m. the subcommittee adjourned, to reconvene at 10 a.m., Tuesday, August 4, 1970.)

## FAMILY PLANNING SERVICES

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TUESDAY, AUGUST 4, 1970

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON PUBLIC HEALTH AND WELFARE,  
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 10 a.m., in room 2123, Rayburn House Office Building, Hon. Peter N. Kyros presiding (Hon. John Jarman, chairman).

Mr. KYROS. The committee will be in order.

The Subcommittee on Public Health and Welfare is going to continue its hearings on S. 2108 and H.R. 15159, to amend the Public Health Service Act to provide for special project grants for the provision of family planning services and related research, training and technical assistance.

Our first witness this morning is Dr. Sheldon J. Segal, vice president and director, Biomedical Division, Population Council, New York.

Dr. Segal.

### STATEMENT OF DR. SHELDON J. SEGAL, VICE PRESIDENT AND DIRECTOR, BIOMEDICAL DIVISION, POPULATION COUNCIL

Dr. SEGAL. Mr. Chairman, members of the committee, first let me thank you for giving me the opportunity to testify before you on this bill. I have prepared a written statement which has been submitted to the committee and with your permission, I would prefer to speak without the prepared text.

Mr. KYROS. Well, we welcome you here, Dr. Segal, and I am sure you are glad to leave New York and the dirty air up there and come down to our fair and fresh city. You can make your statement, sir.

Dr. SEGAL. Thank you very much. I might say for the record we had a beautiful clear morning in New York. It happens so infrequently I think note should be made of it.

One of the parts of this bill that I think is of great importance is the part that pertains to the support of research in both the social sciences and the biomedical sciences related to our population problem. I am a biomedical scientist, devoted to laboratory work in the physiology of reproduction, so I would like to talk specifically about that area of the total research need in this field.

Many people believe, I think erroneously and with oversimplification, that we now have the optimal methods of fertility regulation and

monthly pills for use by women, semi-permanent under-skin-capsules for either men or women, chronic intrauterine inserts or intermittent vaginal inserts that act as carriers of antifertility agents, pills taken intermittently by women on the basis of coital exposure, a reversible method of male sterilization, simplified procedures for female sterilization that would not require hospitalization, greatly improved IUDs based on the use of trace elements. These are prospects based on the reality of early clinical experience—Not the day-dreams of a theoretical scientist. While clinical research in contraception of the past decade was devoted almost entirely to modifications in anti-ovulatory steroid therapy—the basis for the original pill—or to empirical trials of new forms of intrauterine devices, now research is in progress with potential contraceptive modalities based on many different modes of action. Scientists are attempting to influence several of the vulnerable links in the reproductive chain of events. They are seeking means of controlled interference with sperm production, maturation or motility, as well as sperm transport in the male. In the female, the important approaches include the prevention of passage of sperm through the cervical mucus, induction of menses through inhibition of the production or action of progestins, prevention of fertilization by changing the pattern of uterine or tubal muscle activity, prevention of nidation through an effect on the uterine lining or the specific arrest of embryonic development.

Several of these potential innovations involve hormonal intervention that may not eliminate the current concerns about adverse reactions associated with continuous, long-term drug administration. But there are several others that do not require medication or require only intermittent drug administration, a feature which may serve to reduce the level of medical anxiety.

Not included in this overview are those prospects for fertility control based on animal observations but not yet tested in human subjects. In this category, too, there are several promising leads that require a considerable research investment for their development.

As for an evaluation of the practical prospects for new contraceptive methods out of all these efforts, in my view the prospects have never been better, provided that sufficient funding is available. The current level of support from public and private agencies is insufficient to support the optimal level of activity that is required, and it is not realistic to leave to private industry the responsibility and financial burden for this area of research. Means should and can be found to mount a cooperative effort among government, the scientific community and private industry to bring to reality the new advances that are within our reach.

Mr. KYROS. Dr. Segal, who would conduct this research?

Dr. SEGAL. The major part of this research would go on in the U.S. universities and medical colleges.

Mr. KYROS. Are they currently prepared to engage in this—is research going on right now on contraceptive devices at the several colleges?

Dr. SEGAL. Yes, sir. They are prepared to do it. They are eager to do it. They have the personnel to do it and in many cases they are simply not adequately funded.

If I may just dwell on that for a moment, we have at the Population Council, the organization where I work—we have a small grant and a fellowship program and we find now that we are able to fund roughly one out of every three applications that our scientific reviewers recommend. Many of these are funded at a reduced amount because of the shortage of funds. This same situation prevails at the National Institute of Child Health and Development in its grant program pertaining to reproductive biology.

Mr. KYROS. In working—in researching for better methods to control fertility, is consideration given as to how these means, whether it is the pill or the Loop or anything, would be brought out to everybody, for example, people in areas where we do not often reach some of those people?

Dr. SEGAL. Well, it is a different group of researchers and scientists who carry out the latter type of work. The biologist or the medical scientist perhaps wrongly does not pay attention to the questions of the delivery of services or in the social science aspect of the problem. Fortunately, there is a growing interest on the part of sociologists and other social scientists in this issue and more and more research of that type is being done. It is my understanding that the funds made available for research in this bill would include work in the social sciences, along the lines you have asked.

Mr. KYROS. Voluntary control of fertility or simple contraception; what is the best means now that we have available, would you say, as a scientist?

Dr. SEGAL. Well, I think there is no one best means for all people, Mr. Chairman. I think that, along with other forms of medication, this must be considered by the physician and his patient and he must make a judgment on the basis of the relative risks and benefits for that particular case.

I have a personal philosophy about it which I would be glad to expound if you would like. I think that it is only personal, however, and others feel differently.

I feel that for this problem as well as all medical problems, if a patient can do without medication, so much the better, and, therefore one approach to contraception would be to consider starting with the method that is most innocuous, which is rhythm. If the patient cannot use that effectively, education in another mechanical procedure would be the next thing to do and if the physician decides that the patient is not going to be able to use a diaphragm or condoms or rhythm effectively, he may then consider an interuterine device or an oral contraceptive.

I think that by approaching it that way rather than the reverse and starting everyone on oral contraceptives that you can avoid a lot of the problems that we hear about with regard to the use of these drugs for contraception.

Now, it may well be that in a procedure of this type you would end up with about the same distribution of users among oral contraceptives, IUD's and the others but it seems to me that one should give a patient a chance to achieve her objectives without medication if possible.

Mr. KYROS. Turning to another question, perhaps not directly in your field, does a program like this, funded by the Federal Government, give you concern in the sense, perhaps that the Government will be dictating to people—telling them they ought to use contraception—or perhaps the Government in effect, through the funding of these programs, is sort of setting a moral trend in the United States? Does that give you concern?

Dr. SEGAL. Mr. Chairman, if that were to happen, I would be greatly concerned. I am very deeply and seriously concerned with the question of voluntarism in family planning. I think that for us to lose the voluntary aspect of the control of our fertility would be a step backward for our civilization and it is one of the reasons that I am so eager to see us make these voluntary programs work.

Even as we talk now, those hard liners who would remove the voluntary aspect from family planning are at the drawing boards planning ways to bring fertility under control, in quotes, without any reference to voluntarism. In a sense, we are now at the last chance to make voluntary family planning programs work, to retain the human dignity of voluntarism in fertility control. We have got to have better methods to make these programs work. There is no question but that the method itself is directly related to the job of getting the service program done. Those who have worked in family planning programs, both here in the United States and abroad, have come to the conclusion, almost without exception, that the nature of the methodology itself is very important in determining how successful your service program is going to be. We scientists have got to provide the service people now with voluntary methods that will make these voluntary programs work.

Mr. KYROS. Thank you, Doctor.

Mr. Preyer?

Mr. PREYER. Thank you, Mr. Chairman.

Dr. Segal, you mentioned that your funds for research at the moment presently come from NIH and from private institutions such as the Ford Foundation and Rockefeller Foundation. Are the drug companies making any contribution to research?

Dr. SEGAL. Yes, indeed they are. The drug companies are investing quite a bit in their own intramural research and to a lesser extent in supporting extramural work in the universities and hospitals. It is very difficult to come up with a figure that represents the drug company investment in contraceptive research. My guess is that it is somewhat less than it was, say, 10 years ago when the market was essentially wide open.

The companies are not reluctant to tell you, or whoever asks, that they are shy about putting additional developmental funds into contraceptives. They feel that the present methods have a major share of the market and after all, as corporate entities, I am sure they have to, and quite legitimately, think about the profit motive in making research investments.

They are worried about the development costs of oral contraceptive or other contraceptives. They are worried about the legal exposure. They have had some unfortunate experiences with litigations resulting from contraceptive failures.

So that all in all, it just is not realistic to assume that private industry is going to take the leadership role in developing the next generation of contraceptives that it did in developing the first group of contraceptives.

Mr. PREYER. We had some conflicting testimony on that yesterday. Mr. Scheuer testified very much the way you have here, that it is not realistic to expect them, the drug companies, to do basic research in this field. They are profit-oriented. Therefore, the products they are developing are basically directed to the middle-income person and that this bill is attempting to reach the low-income person.

I believe Mr. Scheuer pointed out that the pill, for example, is expensive. It requires a prescription. It requires repetitive application and, therefore, some sophistication on the part of the user, and that

none of these features are applicable to the 5 million low-income mothers or women that we are looking to.

On the other hand, yesterday afternoon a witness testified that in her opinion, this bill was largely inspired by the drug companies.

Do you have any comment on whether you think the drug companies stand to gain financially from this bill or would be pushing the bill in anyway?

Dr. SEGAL. I have no hesitation in stating that I find it incredible to reach that interpretation about this bill. I can see no evidence of or no reason for assuming that there has been drug company influence in the framing of this legislation.

As far as the service aspects are concerned of the, let us say, \$30 per patient that is required to provide family planning service per annum—I am not sure that that is the exact figure but it is somewhere in that ball park—the major portion of that money will be spent for the clinic costs, for the medical care to the patient, and just a minute part will be for the actual technology or the drug or the device or whatever it happens to be that the patient is going to be using. So that if one takes that amount, the sum of money over the 5-year period that will be involved for the family planning services there, just a small fraction of that will be for the actual purchase of supplies from the pharmaceutical industry.

As for the other part, the major financial components of that bill with regard to research, there is no way that I can see that this would accrue to the interests of private industry.

Now, I think that U.S. industry and Government and the scientific community can work together on the research side because each has a contribution to make in bringing about new developments in contraception, but I am equally convinced that the means can be found to get this kind of cooperation in a manner that will protect the public interest and will assure that any developments that emerge will be available on a nonprofit basis to the public that will use them.

Mr. PREYER. Well, as far as my experience goes, I know I have not heard from any drug companies on the bill. As far as I know, none have asked to testify. I do not believe there is any question—there is no relation to the drug companies.

Do you feel the fact that the Government will go into research will cause private organizations such as the Ford and Rockefeller Foundations to shift their efforts into other directions or can we still count on help from these foundations?

Dr. SEGAL. I am certain, although I cannot speak for them—my own opinion is that it is a certainty that they will continue to work in the population field. Both of those foundations have major programs in population. I see no reason to assume that they will close out or reduce those programs. In fact, if anything, I think they are likely to increase them.

The Rockefeller Foundation has just appointed a new vice president in charge of their population program which is an indication, if anything, of expanding that program from its past level. The Ford Foundation's program in population which is, incidentally, mainly international rather than national—has been expanding constantly through the years. I think they will continue to do so.

Mr. PREYER. This may be a good example of how foundations serve a useful purpose in our society. We kick them around a lot but a foundation like Rockefeller or Ford can operate in areas which are politically so unpopular that the Government could not touch it.

For instance, up until a few years ago no taxpayer-supported research would be politically permissible in an area such as population control. But the foundations which are not responsible to the taxpayers can move out on the cutting edge of things of this sort and explore fields which are not popular fields and do the basic groundwork which I assume your Council has had a lot to do with bringing about, so that when the public mood does change and it is politically acceptable, then the Government can move into the field, for instance, if they had done some ground breaking work here.

Just one final question. Do you feel the funds provided in this bill for research are adequate? I suppose funds are never adequate for research, that you can always use more, but given our budget situation, are you satisfied with the provisions of this bill as far as funds?

Dr. SEGAL. Mr. Preyer, as I mentioned before, I think that a serious shortcoming is the omission of research training funds in the bill. As for the training grants themselves, I would say they are adequate with an important "if" and that is if they are additive to the existing budgets of the agencies now responsible for research. If they are not additive, then we are in the same woefully inadequate situation that we have been in the last few years.

If they are not additive, you see, it means that the budget. I think it is \$35 million in the first year, is just slightly more than the present budget of the National Institute of Child Health and Development's population program, or what they have requested for 1971. And we know that at that level they have had many approved but unfunded projects. So that if these funds are going to be above those in the existing agency budgets, particularly the National Institute of Child Health and Development, I think that they will be adequate, at least, for the start.

Mr. PREYER. Your comment about the omission in the bill for funds for training researchers, do you suggest that that be remedied by—what would it require? Just a simple amendment to this bill or does it just require a change in the funding schedule of the bill?

Dr. SEGAL. I think it would require a—I do not know the procedure but I would imagine a simple amendment that would make another section referring to research training similar to the section that is now in the bill that refers to training of service personnel.

Mr. PREYER. Well, I think that is a very good suggestion, that it should provide for training researchers as well as training service personnel.

Thank you very much, Dr. Segal, for your interesting testimony.

Dr. SEGAL. Thank you.

Mr. PREYER. I think it is a very fine contribution.

Dr. SEGAL. Thank you.

Mr. KYROS. Dr. Segal, in your testimony I think you said at one point—I do not want to paraphrase your language incorrectly—that if we do not do something voluntary about fertility, we might be forced to do something else. Do you feel that we are approaching a situation where the population growth has become critical?

Dr. SEGAL. Mr. Kyros, I first would like to say that I do not believe we will be forced to do something else. I abhor the thought of it and have devoted my life to preventing that sort of thing from developing. But there are people, serious demographers, who believe that the population growth rate, the population problems in general in this country, can create problems that can only be solved by strong line methods, by giving up the concept of voluntarism and regulating the number of children people can have, by coercion, by legislative means that will be economically coercive, and so on.

Now, I feel that we must give voluntary family planning a chance to prove whether or not it can bring us to a zero population growth level. We have not given it a chance. We speak here, as this legislation does, about making family planning available to people who do not have it now. Well, as a matter of fact, we are even in a worse situation. We make it difficult for people who want to use family planning methods.

Mr. KYROS. How?

Dr. SEGAL. We make it difficult in States where there are still restrictive criminal abortion laws, for example. We make it difficult by having States where those people who use subsidized health services for all of their health care find that in these subsidized facilities, family planning services are not made available.

Just across the river from where I live there are hospitals in Newark, N.J., that are still referring people out of the hospital for family planning services.

Mr. KYROS. But on those two points just made, namely, family planning services and subsidized funding, and on abortions, you would not want a Federal, a national abortion law.

Dr. SEGAL. No; I did not mean to imply that, sir. I simply wanted to illustrate that we are not even at the present time in a neutral situation where people can do pretty much what they want, let alone helping people achieve this type of medical care.

Mr. KYROS. Is the average general practitioner, family physician, in a position to help family planning?

Dr. SEGAL. Yes.

Mr. KYROS. Are they—

Dr. SEGAL. I think that within the private practice of medicine a very good job is being done in providing those middle-class women who can have private physicians the necessary advice and service for family planning. That is one of the things that this bill may achieve.

In a way we have yet another inequality in our society, that is, my wife or yours, if I may, can get the necessary service and advice that is needed about family planning, but a woman who cannot afford private medicine, who is dependent upon the subsidized medical services, this important thread of her life is dependent on whether that particular subsidized service happens to include family planning along with its various death control methods. If it does not, she has no place to turn.

Planned Parenthood, of course, is there to meet such needs but not all women know about Planned Parenthood and that means that for her she has to take yet an additional step beyond what a woman who enjoys the services of a private physician need to do.

Mr. KYROS. Thank you very much, Dr. Segal.

Dr. SEGAL. Thank you.

Mr. KYROS. Our next witness will be Dr. Paul A. Harper, Department of Population Dynamics, School of Hygiene and Public Health, Johns Hopkins University. Dr. Harper, welcome to the committee.

# **STATEMENT OF DR. PAUL A. HARPER, BALTIMORE, MD.**

Dr. HARPER. Thank you, Mr. Chairman. I have two tables which I would like to show.

Mr. KYROS. Surely.

Dr. HARPER. These tables are duplicated in my written testimony and anyone who cannot see the tables can follow it in the testimony.

Mr. KYROS. Yes, sir.

Dr. HARPER. I appreciate very much this opportunity to testify. I am testifying as an individual but I have cleared my statement with seven individuals who are the heads of the training programs in seven of the schools of public health which do a large share of the training in this field and I am authorized to say in general they approve and support this statement that I am going to make, but I am responsible for the words in the statement.

May I submit a written statement for the record?

Mr. KYROS. Yes; we will make the statement you have given us here a part of the record and you can proceed.

Dr. HARPER. Thank you, sir. Then, I should like to address my comments almost entirely to S. 2108, which is the bill which just passed the Senate, and to section 7 of that bill which has to do with training.

I would support Dr. Segal's statement that this section does not carry any funds for research training and we think that it should. And I would like to present two tables bearing on this point.

The first table shows estimates of the number of people who need to be trained annually to provide the manpower needs that are necessary in this field. The column on the left gives the categories who need training for service programs; namely, physicians, nurses, health educators, and statisticians, and below that other categories of people who need to be trained for research: demographers and social scientists, reproductive biologists, physicians, and others.

The estimates of the number of persons needed each year in the various categories are given in the first column. These estimates were made by senior staff members of the Population Council and of the Ford and Rockefeller Foundations and in my references I give the source of their statements.

I will talk first about service programs. This first column shows a need for 50 physicians a year, 50 nurses, 60 health educators, and 55 statisticians which comes to a total of 215.

Now, we have allowed something for attrition and so we estimate that there should be admitted to training each year approximately 240 people. Then we come to the average duration of training. We consider the statisticians need 2 years and all the others need approximately 1 year, giving an average of one and a quarter years, and you multiply column 2 by column 3 ( $240 \times 1.25$ ) and you get 300, which

is our estimate of the number who should be in training each year for service programs.

The bottom half of the chart shows similar data for research training. The annual need for demographers and social scientists is estimated by the people at the Population Council as 75 a year. The annual need for reproductive biologists also has been estimated at 75 a year. The last category needing research training is labeled Physicians and Others, this is an independent estimate, and the "Others" would include urban planners, educators, economists, and other who might make a valuable contribution to this field.

The total comes to 185 research workers needed each year, and we have allowed about 15 percent for attrition, which means that about 215 should be admitted to training each year.

Training for research is substantially longer than for service programs. The physicians need approximately 2 years and the others need approximately 3 years of training, so that it comes to a total of about 600 people in training each year ( $215 \times 2.8$  years).

Now, I make two notes about this training. All of these people are graduate students. That is, they all have at least a bachelor's degree and about a third of them will have a doctor's degree or some other advanced degree.

Second, although the total number of man-years of training is much larger for the research category, this is because the total training for each of these individuals is longer. Actually, the number of people to be graduated each year is larger in the service programs.

I think one final point should be made; that many of the people that are being given research training are actually going to work in service programs. This applies to research which is concerned with evaluation, or with motivation and how you change people's attitudes and get them to change their practice.

Next, in this table, which is table 2 in the mimeographed statement, we have made estimates of the average direct cost of manpower training per year and then multiplied this by 5 years.

I will speak first about training for service. We have divided the costs of training for service into long-term training which I gave in the first table and into short-term training which I will speak to briefly later.

Long-term training shows educational costs of \$11,000 a year times 300 students, plus stipends and allowances.

I should make a comment about that figure of \$11,000 per student for educational costs. I should remind you that all of these programs are less than 5 years old. They had to be developed in very short order in response to a recognition of the need which is not much more than 10 years old. The \$11,000 figure was first obtained from our own data at Hopkins from 1966 to 1969.

What we did was to take all the funds which the university gave to our department of population dynamics, added to it the training funds which we had from the foundations, and from the National Institute of Child Health. This gave us a total figure. This figure includes tuition. And we divided this by the number of students who were majoring in this field. At the present time we have about 38 to 40 students per year who are majors in this field and this gave us a

figure of \$11,000 per year of additional educational costs including new faculty, and additional laboratory and computer facilities for students.

Now, in checking on this figure, I went to the seven other schools listed in the testimony and got the comparable figures from them. The University of California gave me a figure of \$10,500. Harvard \$11,000. Michigan, \$13,000. The University of North Carolina, between \$11,000 and \$12,000. Pittsburgh, \$9,500. And Tulane, \$9,000 to \$12,000.

The item entitled short-term training refers to short courses of 2 to 4 weeks for nurses, social workers, physicians, and others. The average cost for both long- and short-term training comes to \$5½ million per year or \$27.5 million for the 5 years.

Now, we have done the same sort of arithmetic for training for research. Here we are talking about 600 students and we have similar educational costs. The stipends are slightly larger because there will be a much larger number of post-doctoral fellows and we come up with a figure of \$10 million a year or \$50 million over the 5 years.

Now, I would say something about the current support for these training programs and something about future support. The initial funding of these programs has been a pump-priming activity, first by the foundations and within the last few years by the U.S. Government. At the moment as nearly as we have been able to make out from assessment of 12 such training programs, the universities are providing about 15 percent of the costs from their own moneys, the U.S. Government about 45 percent, and the foundations between 30 and 40 percent.

Now, about future funding. I think it is evident that the large increase in activities proposed by this bill will require a much larger number of trained people and will require a substantial increase in Government funds for training.

I would now like to speak to future funds for research training, which is omitted in this bill. The National Institute of Child Health and Human Development has been the chief source of research training funds. This past year they had \$2.7 million for research training which may be compared with the \$6 million that we estimate is needed for research training in the coming year.

Also this past year they funded five and only five of 25 approved training grants, that is, training grants which were approved by their training committee and also by their council.

Of the 20 grants which were not funded, nine were grants which were up for renewal. That is, they were grants which the National Institute of Child Health had made within the last few years to encourage new research training in population. Many of these programs which have been started at considerable expense and great effort will find themselves in very serious difficulty and will have to close just at a time when they need to be expanded, unless new funds are made available.

The next part of my testimony says something about phasing of funds. Due to the initial support by foundations and by the Government, the capacity for training service personnel is already well developed and this means that appropriations in this area could rapidly

reach a ceiling. This is not true of training for reproductive biologists. Our best estimate is that perhaps there is training capacity for 150 to 200 such people now and that more training capacity needs to be developed and this will require the establishment of new centers and enlargement of some existing centers. This should be accomplished during the life of this bill, that is, within the next 5 years, and the implication of this is that the money for research training should be phased more slowly than for service training.

We have changed the original testimony which I submitted with regard to section 9 and would like to make a brief comment upon grants for construction.

Actually, our group is not taking any position, not making any firm recommendation on this point, but I would like to go over the testimony that we have agreed on. We feel that there is a clear need for expanding existing centers and for developing new centers for research in reproductive biology, that these are essential if the research portions of the S. 2108 are to be carried out.

We also point out that the lag time between any authorization and any building that you can really work in is 4 to 5 years. In addition, the department heads and others who have assisted in this statement, say that the universities which they represent have need for additional space for training. However, we are all agreed that the urgent matter is to provide more funds for training and this clearly in our opinion, has priority over construction in this period of financial stringency.

Thank you very much.

(Dr. Harper's prepared statement follows:)

STATEMENT OF PAUL A. HARPER, PROFESSOR, POPULATION DYNAMICS, JOHNS HOPKINS UNIVERSITY

This testimony will present evidence to support a recommended increase in Training Grants as provided in Sec. 7 of S2108.

S2108 which was passed by the Senate on July 14 is landmark legislation which will be of great value to the citizens of this country and indirectly to people everywhere who need help in regulating fertility. I enthusiastically support the purpose of this and similar bills and make two recommendations for improvement as follows:

TRAINING GRANTS

Sec. 7 of S2108 restricts the use of training funds to fulfill the purposes of sections 4 and 5; i.e. to train workers to provide family planning services. It does not authorize any funds for the training of research workers; this omission apparently is unintentional since other parts of the bill clearly call for the training in research.

*Numbers To Be Trained*

Table 1, attached, provides in column 1 estimates from independent sources (Bean et al 1970 and Harkavy and Maler, 1970) of the annual output of trained persons needed to implement the programs envisioned by S2108. Column 2 increases these numbers to allow for attrition. Column 4 shows that a total of 900 man years of training must be provided annually.

In summary, it will require 300 man years of training per year to produce an annual output of about 215 workers for service programs. Because training for research average nearly 3 years per person, it will require 600 man years of training each year to give an annual output of 185 research workers. It should be emphasized however that many of this latter group will be active workers in service programs; i.e. in studies to evaluate service or to improve motivation and change behavior.

The estimates in column 1 were prepared in 1970 by senior staff members of the Population Council and of the Ford and Rockefeller Foundations (see an-

notated references) and are believed to be reasonable and conservative. These estimates are for the training of U.S. Nationals only and do not include the training of foreign Nationals although most such training is provided by U.S. universities.

### *Cost of Training*

Table 2 estimates the average yearly cost of training for service programs at \$5.5 million; the cost of research training will average \$10 million yearly or a total five year cost of \$77 million.

The item entitled Educational Costs which is put at \$11,000 per student per year requires explanation. This figure is based on the experience of the Johns Hopkins University Department of Population and Family Health from 1966 to 1969. It includes expenditures from University funds and all training grant funds divided by adjusted number of full-time students. It does not include research costs or costs of other departments who contribute to training of students of population dynamics or administrative costs. Comparable cost estimates from other schools of Public Health are as follows:

University	Direct educational costs for population dynam- ics students per year exclusive of stipend	Source
University of California.....	\$10,500.....	Dr. Helen Wallace, professor and chairman, Department Maternal and Child Health.
Harvard.....	\$11,000.....	Dr. John Snyder, dean.
University of Michigan.....	\$13,000.....	Dr. Leslie Corsa, director, Center for Popula- tion Planning.
North Carolina.....	\$11,000 to \$12,000.....	Dr. Moya Freyman, director, Carolina Popu- lation Center.
Pittsburgh.....	\$9,500.....	Dr. John Cutler, director, Population Divi- sion.
Tulane.....	\$9,500 to \$12,000.....	Dr. Joseph Beasley, professor and chairman, Department Family Health and Popula- tion Dynamics.

### *Current Support*

These training programs have been largely developed within the last 5 to 10 years in response to the sudden recognition of need. The great majority of the training has been developed in 8 to 9 schools of Public Health; the training of demographers has been largely in university departments of sociology, and the training of reproductive biologists has been largely in the bio-medical centers. The initial funding of these programs was a pump priming activity by a few foundations. During the past 5 years the costs have been apportioned roughly as follows—45% by U.S. government agencies, 40% by foundations, and 15% by university funds.

### *Future Source of Support*

Large increases in government funding of training are urgently needed. The service and research programs envisioned in S2108 simply cannot be successful without more trained manpower. Foundation support was provided as "seed money" and is beginning to be channeled into other related activities.

The National Institute of Child Health and Human Development, (NICHD) which is the chief federal source of support for research training, has had substantial increases in its funds to support research but no comparable rise in moneys for training. The NICHD provided \$2.7 million for research training in fiscal year 1970, against a need for \$6 million in 1971, see recommendations. Also, in 1970 the NICHD was unable to fund 20 training grant applications which were approved both by its Training Review Committee and by its Council. Nine of these 20 unfunded training programs had previously been given start-up funding by NICHD; which meant that all sorts of temporary expedients were necessary to retain and support staff and students. These programs have had to be curtailed just when they should be expanded. Some will close unless new funds are made available rapidly.

### *Phasing of Funds*

The universities are in a position to move rapidly into full scale training of 800 to 900 persons per year as projected in Table 1, except in the one category of

reproductive biology. This readiness is due largely to the pump priming provided by foundations and to increasing support by U.S. government agencies over the last five years. Bean et al (1970) who made most of the manpower estimates in Table 1, state:—

*a. Training for Service Personnel.*—"Because most schools of public health are operating below capacity at this time, there appears to be no need to expand the number of institutions providing training for population program specialists;

The institutions now in operation need to be strengthened and new ones should not be developed for long-term training at this time."

*b. Training for Demographers.*—"There is no need to develop additional (A) population centers or (B) graduate programs in demography within departments of sociology. The available programs and departments can meet the estimated need if they are provided financial support sufficient to enable them to meet their currently proposed development plans. —(They) need to be strengthened to improve the quality of training."

*c. Reproductive Biologists.*—"This is the only group where there will be an unavoidable lag in training. Harkavy and Maier (1970) report that there are currently about 75 centers of research and training in reproductive biology in the United States and 145 in the World. The 75 U.S. centers probably have over 175 senior scientists but a considerable number of these are in "minor" centers which are not prepared to give broad training. A reasonable estimate of the current training capacity of existing U.S. centers is 150 to 200 pre or post-doctoral students in residence; this should rapidly be expanded to a capacity of about 300 within five years.

In summary, this means that training funds for service personnel can be increased rapidly to the full yearly amount; funds for research training will require a slower buildup.

#### RECOMMENDATIONS

##### 1. Sec. 7. Training Grants

The authorization for training grants should be increased. A realistic phasing of funds for training would be:

#### TRAINING FUNDS

[In millions of dollars]

	For service	For research	Total
Fiscal year:			
1971	4	6	10
1972	5	8	13
1973	6	10	16
1974	6	12	18
1975	6	14	20
Total, 5 year	27	50	77

#### COMMENT

How these training costs should be apportioned between the government, the universities and the foundations is not clear. The universities are currently providing about 15% of the costs and they will find it difficult to maintain this proportion in a rapidly expanding program. The foundations are currently providing 30 to 40% of the costs of a relatively few research and training centers. Also, a large part of the foundation funds go to support the training of foreign nationals from developing countries and to encourage innovations and risk research. It would seem wise to encourage the foundations to continue on these paths which means that the lion's share of training of U.S. nationals should (be carried by the U.S. government) (provided for in this legislation).

##### 2. Sec. 9. Grants for Construction of Population Research Centers

We are not making any recommendation on this section. All of us recognize that existing centers for research in reproductive biology must be expanded and new centers must be developed if the research called for in Sec. 8 of S. 2108 is to be efficiently carried out; and that the elapsed time between authorization and completion of construction will be 4 to 5 years.

In addition, most of the universities mentioned in this testimony need more space for their training programs. However, the urgent matter is to provide more funds for training and this clearly has priority over construction in this period of financial stringency.

#### ANNOTATED REFERENCES

Bean, L.L., Ph.D.; Anderson, R.K., and Tatum, H.S., Population and Family Planning in the United States. Manpower Development and Training. The Population Council, 245 Park Avenue, New York, N.Y., March 1970. Mimeographed, 160 pg. Supported by Contract Number NIH-69-2234 National Institute of Child Health and Human Development. This document is a most comprehensive and careful study of manpower needs in this field but does not include estimates of needs for training in reproductive biology.

Harkavy, O., and Maier, J., Research in Reproductive Biology and Contraceptive Technology: Present status and needs for the future. Family Planning Perspectives 2: No. 3, June 1970, pg. 5-13. The size of the research effort needed on a world basis is based in part on an earlier paper by Southan A., and Harkavy, O., Resources for Research in Reproductive Biology. Mimeographed. The Ford Foundation, 1967. The estimates of training needs in reproductive biology in Table 1 have been based largely on these documents.

TABLE 1.—ESTIMATES OF TRAINING IN POPULATION RESEARCH AND FAMILY PLANNING NEEDED TO PROVIDE MANPOWER FOR U.S. PROGRAMS FOR 5 YEARS

Categories	[Average per year]			
	Estimated annual output needed <sup>1</sup>	Annual number admitted to training <sup>2</sup>	Average duration training in years <sup>3</sup>	Average number in training each year
	(1)	(2)	(3)	(4) = (2×3)
Service programs:				
Physicians (60).....	215	240	1.25	300
Nurse and nurse midwives (50).....				
Health educators (60).....				
Statisticians (55).....				
Research training:				
Demographer-social scientist (75).....	185	215	2.8	600
Reproductive biologists (75).....				
Physicians and others (35).....				
Average yearly total.....				900

<sup>1</sup> Needed annual output of all categories for service programs and also for demographers-social scientists is from Bean, et al, 1970, see annotated reference. Needed number of reproductive biologists is based on Harkavy and Maier, 1970, and on Southan and Harkavy, 1967. Number of physicians and others needing research training is independent estimate; it includes post-doctoral training for lawyers, urban planners, educators and others.

<sup>2</sup> Greater than number in column (1) to allow for attrition.

<sup>3</sup> Average duration of training: For service programs—2 years for statisticians, 1 year for others. For research training—2 years for physicians, 3 years for others.

TABLE 2.—ESTIMATED COST OF PROVIDING MANPOWER TRAINING FOR POPULATION RESEARCH AND FAMILY PLANNING AVERAGE PER YEAR AND FIVE YEAR TOTAL

#### Training for service programs:

##### Long-term training:

Educational costs—additional faculty, laboratory, machine records and other costs \$11,000 per year × 300 students--- \$3,300,000

##### Stipends and dependency allowances—

70 post-doctoral candidates at \$8,000 each----- 560,000

230 pre-masters and pre-doctoral at \$4,000 each----- 920,000

Total ----- 4,780,000

Short-term training in regional training centers associated with Schools of Public Health and Medical Schools; 400 to 800 physicians, nurses, social workers, and others-----

720,000

Average annual cost of long and short-term training----- 5,500,000

Five year total----- 27,500,000

## Training for research:

Educational costs—as described above \$11,000 per year × 600 students	6, 600, 000
Stipends and dependency allowances—	
250 post-doctoral candidates at \$8,000 each	2, 000, 000
350 pre-doctoral candidates at \$4,000 each	1, 400, 000
Average annual cost of research training	10, 000, 000
Five year total	50, 000, 000
Grand total—service and research training—5 year cost	77, 500, 000

NOTE.—The annual cost estimates are averages for 5 years, appropriations should be phased, (see recommendations).

Mr. KYROS. I would like to ask a few questions, Doctor, if you would just sit down, please.

As I understand your testimony, before we get to what we are training people for and what kind of people we are training, you are recommending a 5-year cost of \$17½ million for service and research training to be included in the bill in addition to what is already in S. 2108?

Dr. HARPER. No. At the present time S. 2108 in section 7 carries \$20 million, which is for service training and we are estimating that the need in service training is approximately \$27 million.

Mr. KYROS. I see.

Dr. HARPER. The additional amount, the \$50 million for research training, would be new.

Mr. KYROS. So, you would add in effect, \$57½ million to the bill.

Dr. HARPER. Yes.

Mr. KYROS. Over a period of 5 years.

Dr. HARPER. Yes.

Mr. KYROS. This Senate bill comes with a price tag of around close to—not close to, but \$1,100 million. Are you a practicing physician or do you teach and practice medicine also?

Dr. HARPER. Well, for several years I practiced pediatrics. I have been in public health for the last 25 years and have not practiced during that time.

Mr. KYROS. Let me ask you this question. As a doctor, apparently aware of Government programs and knowing the number of programs we have going on in emphysema, mental retardation, developmental disability, do you think we can allocate this kind of money in this sector? Is it that vital, in your judgment, or should we perhaps be channeling some of this money into genetic and hereditary diseases in children, so we can prevent German measles and that sort of thing in expectant mothers? What I am asking is a broader question, where should we spend this money if we spend it?

Dr. HARPER. This is a very difficult question and one that involves substantial responsibility and judgment. I can only say that in my opinion, the main problems facing the world are to find some reasonable restriction on warfare and to bring our population into some sort of balance with resources. Those two things I would give highest priority to.

Mr. KYROS. You did not answer my question, though. I want you to tell me, assuming that we do have all this money to put into these programs, where you would put the money first? In the things that I

said to you about keeping people alive, or in this kind of a program to see that unwanted people would not come into the world?

Dr. HARPER. I would put a large share of them into this sort of a program.

Mr. KYROS. Are we in a crisis so far as population growth is concerned?

Dr. HARPER. Not in this country but certainly in the world, and in this country we are moving in that direction.

Mr. KYROS. In the next decade, Doctor, would you say?

Dr. HARPER. No, I do not think in the next decade we are going to be in a crisis in this country from the point of view of living space and food. But from the point of view of the quality of life and of the heritage that we leave to our children and grandchildren, it is important that we begin now. One way of illustrating this is to say that if people continue to marry in the same proportions and ages as they do now but fertility suddenly should fall so that our people had just enough children to replace themselves, that our population would still continue to grow—for approximately 70 years. In other words, if our net reproductive rate could immediately be reduced to one; our population would still reach a level of nearly 300 million by the time we reached zero growth rate in 2040.

Mr. KYROS. All right. Now, let me ask you, very briefly, about these people whom you want to train. What do they do? For example, you said research training, demographers, social scientists, reproductive biologists, physicians, and others. Now, what do these people do? Why are they required as part of the team to implement whatever moneys go into this bill?

Dr. HARPER. Let me take——

Mr. KYROS. Page 7, table 1.

Dr. HARPER. You are talking about the people under the research training group.

Mr. KYROS. Your categories here.

Dr. HARPER. Yes. Well, the demographers, social scientists, would be primarily people trained in departments of sociology, although some of them will be trained in schools of public health and some in departments of economics.

Mr. KYROS. What would be their responsibility in this?

Dr. HARPER. They are concerned with all the factors that affect the growth of populations, of births and deaths and migration. The social scientists will be concerned with the people's attitudes, patterns—factors which help people change their attitudes and their cultural patterns.

Mr. KYROS. In regard to reproduction?

Dr. HARPER. Yes. In regard to reproduction.

Mr. KYROS. For example, give me a concrete case how they could change attitudes. A young couple marry in their twenties. Median income group. Now, what do you do to change their attitudes or direct their attitudes towards having children? Tell them to watch television for the first 2 years?

Dr. HARPER. I would say that the main thing is education and understanding of what is good for their children and for future generations are going to be the main factors that will influence people's

attitudes. There are other more short-run factors, but in general I think education and understanding are the main things. We do need people like demographers and concerned social scientists who are thoroughly familiar with not only the problems in the United States but the much larger problems in other countries in order to have a climate within universities where a large share of the training takes place. The need is to create a general awareness which will assist parents to inform their children and school teachers to give their classes a chance to understand the implications of continued population growth.

Mr. KYROS. What do the reproductive biologists do?

Dr. HARPER. Well, these are the people who are concerned with all of the factors which influence fertility, that is, both women who cannot have children and women who want to limit their children.

Mr. KYROS. That brings up a question I wanted to ask before of Dr. Segal. As part of this research, do we also find ways to make people who are barren—is that the word—produce, as a flow from basic research?

Dr. HARPER. A basic understanding of fertility is necessary and this works both ways. It will help the woman who wants children and cannot have them and it will help the women who wants to limit her children.

Mr. KYROS. You keep talking about women as far as reproduction is concerned, but Dr. Segal also mentioned the possibilities of acting on men. Is that right?

Dr. HARPER. That is correct. We should change that statement to say both men and women.

Mr. KYROS. God help us. Well, what about the physicians and others, Doctor? What do they do?

Dr. HARPER. The physicians who would require research training would be a relatively small number. I would not suppose they would be more than perhaps 15 a year of them. They would be people who would be going on beyond the 1 year of training and really learning research techniques, learning how to evaluate service programs, primarily evaluation of service programs, I would say.

Mr. KYROS. Now, how did you compute the requirement for all these figures? I have scanned your testimony here. How did you determine there are 4 or 5 million women in the United States who need this kind of advice, and proceed from there to build up this structure of doctors?

Dr. HARPER. All the figures in column 1 of the testimony which I think is what you are asking, except the last one, are based on estimates which are given in the references. The first five estimates coming down through demographers, social scientists, were made by three people, Bean, Anderson, and Tatum of the Population Council. They spent several months making these estimates and I have a copy of their rather thick report which I would be glad to leave with the committee if they would like it. Their estimates seem to us to be conservative and realistic and we took them. They are an independent outside estimate. The need for reproductive biologists is from estimates made by Harkavy and Southam and by Maier of the Ford and Rockefeller Foundations.

Mr. KYROS. You cited a document on page 6, Population and Family Planning.

Dr. HARPER. That is correct.

Mr. KYROS. And the figures are from that estimate?

Dr. HARPER. That is right.

Mr. KYROS. Did you look through it? They worked backward from a certain number of women they felt would need this kind of information. Do you remember that at all?

Dr. HARPER. Well—they did two or three things. They estimated, for example, in the case of physicians, and they were thinking of the educational aspects, that there should be two or three physicians in each medical school with some special training in population growth and family planning. They felt there should be at least one physician and perhaps two with this training in most State health departments and one physician in every major city health department. This was the type of reasoning which they used to arrive at these estimates.

Mr. KYROS. I understand. Does this mean that in medical schools of the future you would like to include family planning as a course in the curriculum? Do they teach it now?

Dr. HARPER. A few years ago medical schools did very little of this teaching. I think they are doing more now and it is becoming increasingly clear that they recognize that they should substantially expand their teaching in this area but they do need people who are not only trained in medicine but have some knowledge of demography and these other matters, economics and the related aspects, in order to do a proper job of teaching.

Mr. KYROS. You would not have family planning taught in any schools other than medical schools, would you?

Dr. HARPER. Yes. I think the general demographic implications should be taught widely to everybody.

Mr. KYROS. In high school? By demographic, you mean population control?

Dr. HARPER. I am talking about the implications of, for example, a 2-percent population growth, which means that the world's population will double in something like 35 years. I think this ought to be general knowledge. I think also that the pressures of population growth on the environment ought to be general knowledge.

Mr. KYROS. I understand. Well, I have no further questions. Thank you very much.

Mr. Preyer?

Mr. PREYER. Thank you, Mr. Chairman.

Dr. Harper, I congratulate you on an extremely carefully worked out and researched paper. We rarely get anything this carefully documented when people come in and ask for more money. But your figures here are not just pulled out of the air. They would be very difficult figures to challenge.

You explained to Mr. Kyros how you got your original estimates. Then when you priced those estimates, you went to some very sound institutions such as the Carolina Population Center, University of North Carolina, one of whose members I see sitting in the audience. You also went to some other pretty good universities like Harvard and California and Michigan. So that I think you have done an extremely good job of documenting your arguments here as to what it would cost.

It seems to me that would be hard to challenge. The question would be one of priorities, how important is this against other needs. I would think it would be very important. I gather from what you say that if the funds are available, the universities are geared to move rapidly into training 800 to 900 of these research people right away except for the reproductive biologists, which is the one shortage.

Dr. HARPER. I would like to amend that slightly, sir. The universities are geared to handle the 300 people that need training for service programs right away. My next statement is based on a study of Bean, and others, from the Population Council. They state that the present capacity for training demographers and social scientists is a little over 50 and is estimated to approach 70 within a year or two. So that in general you are correct, that the capacity to train all of the service people and the demographer-social scientist groups is already present or will be within the next year or so.

This is, as you said, not true of reproductive biologists. There is a very substantial capacity to train people but I think the figures which were gathered are that there are presently some 75 centers in this country and about double that number in the world. There are perhaps 175 senior scientists in reproductive biology in the country but a good many of these are working in small, one-man departments which cannot give broad training. So our estimate, and this was gone over with Harkavy who is the author of one of the references, our estimate is that the present capacity for training in reproductive biology is somewhere between 150 and 200 doctoral and postdoctoral students and this needs to be approximately doubled over the next several years.

Mr. PREYER. Then with the exception of reproductive biologists it would be generally fair to say, if we could obtain the funds, they could be put to use immediately.

Dr. HARPER. Yes, sir; that is correct.

Mr. PREYER. Not be a long delay in construction, and so forth.

You mention that the omission of these funds in the Senate bill—the omission of training funds to train research workers rather than just training service workers—was apparently unintentional in the Senate bill. That bill provides only for training of service workers and not research workers, as I understand. Did you testify before the Senate committee?

Dr. HARPER. No, sir; I did not.

Mr. PREYER. So this has not been presented to the Senate committee.

Dr. HARPER. So far as I know, it has not.

Mr. PREYER. Do you know whether Dr. Segal testified before the Senate committee, the first witness today?

Dr. HARPER. I do not know.

Mr. PREYER. Thank you very much, Dr. Harper. I think you pointed to a very important area in this bill.

Dr. HARPER. Thank you.

Mr. PREYER. I think it is very impressive testimony. Thank you.

Mr. KYROS. Thank you, Dr. Harper.

Our next witness will be our colleague from California, Congressman Paul McCloskey. Very happy to see you here with us today, Mr. McCloskey.

**STATEMENT OF HON. PAUL N. McCLOSKEY, JR., A REPRESENTATIVE  
IN CONGRESS FROM THE STATE OF CALIFORNIA**

Mr. McCLOSKEY. Do you have copies of my statement?

Mr. KYROS. Yes, we have. We will be delighted to hear what our neighbor from California has to say about family planning.

Mr. McCLOSKEY. Mr. Chairman, I have a very brief statement. I have reviewed the comprehensive testimony given by prior witnesses and thus will not attempt to duplicate the arguments and facts which justify the early passage of some composite form of the bills before you. I would like, however, to give you a specific set of statistics from my own congressional district which may serve as a reference point for the more general testimony you have heard.

San Mateo County includes some 18 suburban cities south of San Francisco, Calif., and has an estimated population figure in 1970 of 550,000 people. It is one of the highest per capita income areas in the United States and probably has one of the highest per capita ratios of doctors to citizens. I think we have a very sophisticated medical situation in our county, perhaps more fortunate than most areas of the United States.

The county also has several poverty areas. The population is estimated at 14 percent black, 5 percent Mexican-American, and 2 percent a combination of other ethnic minorities.

The county also enjoys the benefits of several family planning agencies, public and private, and a number of nonprofit charitable groups working in the field of family planning and community health. Nevertheless, the Office of Economic Opportunity has estimated that less than one-third of the some 5,500 women who would use family planning services presently find them available. An estimated 4,058 women were considered medically indigent and unserved with family planning services last year.

Also last year there were 615 illegitimate births in the county and the estimated first year welfare costs alone of these illegitimate children will exceed \$1,350,000. Assuming then that the family planning agencies in this one congressional district received one-fourth and thirty-fifth of the \$30 million proposed to be authorized, or \$69,000, the expenditure of this sum would be a good investment of tax dollars should it prevent only some 50 of the 615 illegitimate births alone, not to mention prevention of legitimate but unwanted children of welfare recipients.

This last statistic was the reason for my appearing before you today. I think that in many cases where this issue comes before the taxpayer, the concern over family planning services, the ordinary privacy of the individual and his freedom from Government interference that most of us adhere to, would nevertheless be outweighed by the cost to the taxpayer of the unwanted child, particularly the illegitimate child. This cost would justify Federal expenditures of the magnitude being considered here.

I would like to add also in response to testimony that I understand came before this committee yesterday, that with respect to the church issue that pervades the discussion of this problem, it seems to me that the traditional separation of church and State cuts both ways. While

freedom of religion is guaranteed by the first amendment, family planning is properly a matter for governmental and State involvement. No religion should seek to impose its religious views in matters where the State interest is paramount.

I might make two further points that come to my attention in reviewing the testimony. The Republican task force which considered this matter at some length, and whose testimony is before you, makes the point, and I think properly so, that this bill should be directed at domestic expenditures rather than foreign. We have substantially increased the foreign aid aspects of family planning. There is no question that the problem internationally justifies major attention. Nevertheless, the problem of imposing our will on foreign nations, many of whom are less advanced than ours, has raised material problems for the State Department and the administration of funds that they are given under the foreign aid program, and I think the impact of this bill essentially should be in the nature of making the United States an example through our own conduct rather than by the additional financing for foreign efforts, as praiseworthy and as necessary as those efforts may be.

Finally, I would like to add a point that my observation of the problems of the medically indigent, the actual operations of Federal programs, governmental agencies and private agencies such as "Planned Parenthood," leads me to the conclusion that to be effective in this field, the job can better be accomplished by private agencies acting with Federal funds than it can be through Federal agencies. There are many medically indigent in this country somewhat reluctant to deal with federally financed clinics and governmental offices, who are not so reluctant to deal with privately operated charitable foundations which would be the beneficiary of this financing.

Mr. KYROS. Do you think in that latter event if they work through private agencies the factor of voluntarism would exist much more and this would then be a voluntary program and not be compulsory in any way?

Mr. McCLOSKEY. I think so. As I say, my own observations have been that some individuals are reluctant to deal with an agency of the Federal Government and this is one area where direct governmental intrusion into people's lives must be effective if the need is to be met, particularly at the local block level in the urban areas. The voluntariness of a private agency is preferable to even the assumption of mandatory operation with which the common citizen sometimes views his government.

Mr. KYROS. I think that point is very well made. Also your point that the legislation in S. 2108 and H.R. 15159, be directed toward domestic needs, which indeed, I think it is.

Mr. Preyer?

Mr. PREYER. Thank you, Mr. McCloskey, for a very interesting statement. I think you have given specific examples of the need for this kind of program even in one of the highest per capita income districts in the country. That is impressive. You estimate that there were over 4,000 women in this district, this high-income district, which were unserved by the services and would have used the services.

Mr. McCLOSKEY. That is correct, Mr. Preyer. You might compare

San Mateo County with Westchester County, N.Y., or the Main Line of Philadelphia. A large number of the citizens commute to San Francisco. Yet, even in such a district, poverty is quite familiar to us, the ethnic breakdowns that I have mentioned being one of the major sources of that poverty.

Mr. PREYER. The cost of 615 illegitimate births in your district exceeds \$1,350,000. So, I think this is a good example of what the need must be in other areas not so blessed as yours.

Mr. McCLOSKEY. That is just the first year welfare costs, not including those costs that can be anticipated later on with the increased social welfare costs that we find generally accompany the illegitimate birth later on as the children get older.

Mr. PREYER. Thank you. I think it is always well to point up examples where we are spending money to save money, not to just throw it away. That is a very impressive statement. Thank you.

Mr. KYROS. Thank you very much. Very proud to have you before our committee.

Our next witness will be Dr. John R. McCain from Atlanta, Ga.

#### STATEMENT OF DR. JOHN R. MCCAIN, ATLANTA, GA.

Dr. MCCAIN. Mr. Chairman, members of the committee—

Mr. KYROS. Dr. McCain, glad to have you here.

Dr. MCCAIN. I am privileged to have the opportunity of speaking to the committee and I will speak in support of the legislation.

I am a physician in the private practice of obstetrics and gynecology in Atlanta, Ga. I am president of the South Atlantic Association of Obstetricians and Gynecologists, an organization composed of specialists in obstetrics and gynecology in Virginia, North Carolina, South Carolina, Georgia, and Florida. I also appear as a representative of the Georgia State Obstetrical and Gynecological Society and of the Atlanta Obstetrical and Gynecological Society. Each of these organizations has authorized me to speak for them in their support of this legislation.

#### THE POPULATION PROBLEM

Running over some of the information that gives a background I think for it, the population problem. The magnitude of the problem of the rapidly increasing population has been aptly termed the population explosion. The world population reached its first 1 billion by 1850.<sup>1</sup> It doubled this number by 1930. The current population is estimated at 3.5 billion and is expected to double again by the year 2000.

The world population is increasing at a rate of 70 million per year. This is an increase each year equivalent to the combined populations of France, Belgium, and Holland. The increase is taking place in spite of the fact that an estimated half of the people of the world live in a lifetime state of hunger. It is estimated that 10 to 20 million people will starve to death this year.<sup>2</sup>

Mr. KYROS. Where are those people located?

Dr. MCCAIN. These would be primarily in the Oriental countries. I would imagine it is also true in the Latin American countries. I am

<sup>1</sup> Time, Feb. 2, 1970.

<sup>2</sup> Ehrlich, Paul: *Eco-Catastrophe*. Ramparts, September 1969.

sure that we have some unfortunately, that have this happen in our country.

Mr. KYROS. Continue, Doctor.

Dr. McCAIN. The rates of population increase vary. If the present rates continue, Europe's population will double in 88 years, the United States' and Soviet Russia's will double in 70 years, Asia's in 31, Africa's in 27, and Latin America's in 24 years.<sup>3</sup> It is estimated that at the present rate, Mexico's population will double in 20 years. Another way of expressing this outlook is that within 20 years Mexico can expect to have 50 percent of its population under 20 years of age. Time, August 3, 1970, reports that 62 percent of the population of Trinidad, in the Caribbean, is under 25 years of age.

In the United States it is estimated that the population will reach 300 million by the year 2000. President Nixon has observed that the accommodation of this 100 million increase would require additional facilities equivalent to those of a city of 250,000 being established every 30 days for the next 30 years.

The rapid increase in population can be expected to create major problems from the standpoint of food, clothing, housing, and schools. It can be expected to have major effects upon the health and the personal relationships of the population. Increases can be expected in the problems of induced abortions, perinatal mortality, illegitimacy, mental retardation, mental illness, poverty, and crime. Environmental problems will be intensified, such as pollution of water and air and the depletion of natural resources.

Mr. KYROS. Doctor, let me ask you this. You say increases can be expected in the problems of mental retardation, mental illness, poverty, crime, and yet, you do not mean that they would be intensified just because of an arithmetic growth, or would they be?

Dr. McCAIN. I think they would.

Mr. KYROS. Why?

Dr. McCAIN. Just, for example, we have the problems with schooling. I am concerned with this. I live in Atlanta, one of the suburban areas there, and practice in downtown Atlanta. There is difficulty in securing adequate educational support, bond issues for schools. There is the neglect of the inner city areas of the cities. These are the areas in which poverty and crime are progressively increasing. At the present time, we have found no satisfactory solution for them and I think you would increase less arithmetically and geometrically.

Mr. KYROS. Proceed, sir.

Dr. McCAIN. As "Planned Parenthood/World Population," has stated regarding this worldwide problem:

The problem of food shortage and mass starvation will create revolution, violence, and war.

Next to the search for peace, the population explosion presents the world's greatest problem.

#### THE PREVENTION OF OVERPOPULATION

The rate of the population growth must be slowed to prevent drastic changes on a national and international basis. It is highly desirable that this be accomplished by voluntary measures. Family planning

<sup>3</sup> Ob. Gyn. News. 5:1, 1970 (May 1).

on a voluntary basis is the most acceptable approach. Unless voluntary methods are successful, actual control of population by compulsory measures may be resorted to at some future time.

In the United States the most widely accepted approach for limiting population growth is by means of family planning. In recent years congressional action has provided very considerable financial support to programs of family planning. State and local governmental agencies are participating in and initiating such programs. Voluntary agencies, notably illustrated by Family Planning/World Population, have provided leadership in funds, facilities, and personnel. Individuals are also active on a personal basis.

Unfortunately, the current family planning facilities fall far short of the needs of those who, because of economic status, are not able to obtain other assistance. It is estimated that in the United States 5 million women need subsidized family planning help but that only about 15 percent of these are now obtaining it.<sup>4</sup>

The family planning programs in Georgia compare favorably with those available throughout the United States. It is estimated that 201,162 women in Georgia are economically eligible for subsidized programs of family planning. In 1969, 32,270 women, or 16 percent of those eligible, participated in county or metropolitan family planning programs.

In the metropolitan area of Atlanta in 1967 the Emory University family planning program (EUFPP) and the communicable disease center instituted a patient-oriented family planning electronic data processing system. The two major purposes of the system were: (1) to provide monthly service listings of prospective patients, and (2) to compile data relating to trends in patient service. In 1968, in spite of the excellent nature of the program and in spite of the volume of patients being cared for by it, all governmental financial support for the program was withdrawn because of a lack of available funds.

Mr. KYROS. What Government program was that, do you know? Was that an HEW grant?

Dr. McCAIN. I do not know. In part it came through the communicable disease center and part of it was through Federal—I do not know the source, but actually, the chairman of the department at Emory University sought every available governmental source and private source and was unable to find any financial support for it on any basis.

Mr. KYROS. Proceed, Doctor.

Dr. McCAIN. After a 4-month lapse, it was again possible to secure funds for the program.

#### FINANCIAL REQUIREMENTS

In 1969, the EUFPP received \$955,000. It was possible to provide family planning support for 12,000 women. The cost per patient for 1969 was \$77.50. The estimated number of women who should be included in the Atlanta program is 50,000.

Mr. KYROS. What did that program consist of for a typical patient, let us say, for \$77.50?

<sup>4</sup>Over Population: It's Everybody's Problem: Planned Parenthood World Population, No. 1065N, November 1969.

Dr. McCAIN. What is involved is not only patient services. It involved going into the family community background, utilizing community aides to find out why the patients are not seeking the information. As we suggested there by the data processing method, a following up of the patients who deliver and the indigent services of the community to see that they have the indigent services available prior to delivery but especially after delivery that they have the followup of family planning available to them. So, it is not a casual program. It has been a well-planned, well-organized, coordinated program to the limit of the funds available.

Mr. KYROS. Doctor, when the average obstetrician, the man who delivers the baby, has a lady patient who has had one or two babies, and she keeps coming back, does he give her family planning advice?

Dr. McCAIN. I think on the private patient level this is almost universally done. In fact, this is almost a question of asking before she delivers, whether or not she volunteers. This is one of the points brought out in some of the questioning in the earlier testimony, what influences can make a change in the willingness of persons to accept family planning.

One of the things that is most impressive is the publicity given to population problems, so that private patients now are much more concerned about their own personal family size, about its implications as far as the overall problems of population growth.

Mr. KYROS. But these other 12,000 women normally would not go—they do not have a private physician?

Dr. McCAIN. They were all—practically all were delivered by the indigent services. Not all, because this did include some of the family planning programs, planned parenthood programs, so—

Mr. KYROS. Still delivered in some clinic.

Dr. McCAIN. Not necessarily.

Mr. KYROS. Delivers still at home?

Dr. McCAIN. No, no. Some of them delivered privately. There are no home deliveries except precipitations in this area.

Mr. KYROS. Go ahead, sir.

Dr. McCAIN. The experience of the Atlanta program indicates that minimum standards of family planning cannot be provided for less than \$50 per patient per year. If the program is to provide the patient supervision which should be available, the cost would be \$100 per patient per year.

Mr. KYROS. What is the difference between family planning for \$50 and patient supervision? What does that mean?

Dr. McCAIN. This would be the minimum attempts to have the followup necessary for the patient care. Supervision would be the more complete physical examination of the patients, more accurate follow-up, the bringing back in of the delinquent patients, that is, following them up to be sure as to why they did not return. In other words, the minimum program would be for the most part an offering of the facility. The satisfactory program would be the availability of the facility, the welcoming of the facility.

Mr. KYROS. Yes, sir.

Dr. McCAIN. The funds needed for a satisfactory program in the Atlanta area would be \$5 million and for Georgia it would be \$20 million per year. The corresponding minimum program would require \$2.5 million for the Atlanta area and \$10 million for Georgia.

If the economics of the experience in Georgia can be applied nationally, \$500 million would be required annually to provide a satisfactory program of family planning.

The experience with the available methods of family planning indicate the necessity for a considerable expansion of research in this field. Safer and more acceptable methods are needed. Psychological and sociological research is required to determine the methods of motivating the population, male and female, to initiate effective family planning and to utilize the methods consistently.

Mr. KYROS. Do you think we should scare people to death with stories of population growth and crowded environments? How are we going to do it legitimately?

Dr. McCAIN. We have had in the experiences of our program in the Atlanta area what they have spoken of sometimes as the Madison Avenue approach. In other words, by no means that it is terrifying or fearful but that it is the thing to do. In other words, the popular thing for the patient after she has delivered. If she has not begun on family planning at that time to be sure that she returns. The pressure of her peers by their questions. "You have not started on your pills yet?" Or, "You have not had your IUD put in yet?" The concern of the block area, the community area, that anybody that does not do that is just not quite up on the current way of doing things.

Mr. KYROS. What if a woman said, "No, because I want another child as soon as I can bear one." What do you say to that?

Dr. McCAIN. You know, this—I have had considerable experience in the indigent areas in the South and I do not ever remember a person saying that at this particular time.

Mr. KYROS. I would not imagine that either, but it does not follow that people want a lot of children necessarily.

Dr. McCAIN. As I say, I have seen a few of the private patients that were ready to proceed deliberately to have other children, but even those rarely at this particular time.

Mr. KYROS. One baby crying in the house is enough at a time.

Dr. McCAIN. That is right.

Mr. KYROS. Well, Doctor, go ahead.

Dr. McCAIN. An appropriate estimate of the relative cost of family planning research per year can be suggested as 50 percent of the cost of the patient care portion of the program. If the financial requirements as indicated above are reasonable for the patient services in family planning, the appropriation for requirements of a satisfactory research program should be \$250 million per year. A satisfactory program of family planning combining patient care and research should be expected to require an annual appropriation of \$750 million.

#### THE RELATIVE VALUE OF FAMILY PLANNING IN HEALTH CARE PROGRAMS

The family planning program permits a unique investment of the health care dollars. The prevention of unwanted children offers a practical solution to many of the economic and social problems of society. It is estimated by Westoff<sup>5</sup> that 40 percent of all pregnancies are unwanted or unplanned.

<sup>5</sup> Westoff, Charles F.: *The Extent of Unwanted Fertility in the United States* (remarks at annual meeting of Planned Parenthood-World Population, Oct. 28, 1969).

Mr. KYROS. That is of all groups, all women in the United States?

Dr. McCAIN. All women in the United States.

Mr. KYROS. All the age groups?

Dr. McCAIN. I cannot say all age groups but all women, the study was based on that. The economic phase of it was that even more than that were unwanted among the low-income groups. This was broken down by the basis that about 20 percent of women were unmarried when they became pregnant and that out of the persons who were willing to testify, 20 percent of them said that this was not a planned baby. So, assuming that it would not perhaps have occurred at that particular time if it had been planned, this figure is based on that unwanted or unplanned assuming that unmarried girls would not have wanted to become pregnant.

Mr. KYROS. Most young people are married. Babies are not necessarily planned. So, the word planned or unplanned is not derogatory in any sense, is it?

Dr. McCAIN. Except that when a question is asked in this manner most people would be reluctant to admit this was not a planned baby. This is a loaded question in reverse. An individual is less likely to tell a stranger that this was not a planned pregnancy. So, I think it is reasonably—at least, there is a very large number—as to whether it is exactly 40 percent, plus or minus a little, but I think this is approximately correct.

The percentages are significantly higher for those in the lower economic groups. If unwanted, unplanned pregnancies are prevented, the quality of human reproduction could be improved.

Mr. KYROS. Why is that?

Dr. McCAIN. Let me read the rest of this paragraph and then I will elaborate if this does not answer your question. Improved maternity and infant care could become available. Decreased perinatal mortalities and morbidities could be expected. Declines could be anticipated in the incidence of mental retardation and of cerebral palsy. Economic improvements could break the association of poverty and crime, especially among the youth of our Nation.

Mr. KYROS. Just take that sentence, “declines could be anticipated in the incidence of mental retardation and of cerebral palsy.” Why?

Dr. McCAIN. This is closely associated with the lower economic levels—illegitimacy. The areas in the population groups in which this has the highest frequency can almost entirely be included in the term that is sometimes called high-risk pregnancies.

Mr. KYROS. Does it mean poor diet of the mother or illnesses while she was carrying the baby or what? What is the reason for it?

Dr. McCAIN. The exact reason we do not know, but we assume a good bit of it may be diet. A good bit of it may be associated with the whole concept of health care or lack of health care that the patient has had, but it is true that prematurity occurs much more frequently with the poor, with the illegitimacy. Along with the prematurity comes a considerably higher risk of mental retardation, that all of these are much more frequent where there is a poorer quality of prenatal care. These groups seek relatively late, if any, prenatal care. And the combined result is a miserable obstetric and perinatal picture.

Adequate funding is desirable for other phases of health care. Adequate financial support should be provided to prevent the suffer-

ing and disability of such conditions as heart disease, cancer, and strokes. For some conditions, such as mental illness, a significant reduction in the number of cases and in the severity of the cases might be accomplished by successful programs of family planning.

The problem of worldwide overpopulation is of such magnitude that it can overshadow all other human relationships, those involving individuals and communities as well as those involving nations. It is unlikely that the United States can supply the financial resources for adequate family planning programs for the other nations of the world. It is possible, however, that research stimulated by our Nation can lead to the development of effective methods of restraining the population explosion. Research is necessary for the success of our own programs. The results of our research could be made available for use by all nations.

Adequate funding of research for family planning is indicated from the standpoint of national interest and also from the standpoint of international good will. As indicated earlier, adequate funding for research in family planning should require an estimated \$250 million annually. A minimum program of family planning research should consist of funds, in my opinion, at least equal to those currently supplied for research in heart disease and in cancer.

Mr. KYROS. Why do you make that kind of philosophical conclusion or judgment—equal to research in heart disease and cancer? We know a lot of men in the ages of 40 to 55 die from heart disease or stroke. These are the breadwinners of the family.

Dr. McCAIN. This is correct, but as you look at the possibilities of the overall good that can be accomplished in the country, the overall disaster that unless changes take place—now, you see, I am not denying that their research should be continued. It is not that in place of that research. I think it is needed. I think it is a valuable program, but as one measures it, I really think the amount of importance that is involved in the family planning and the modification of the rate of population growth is far more important, not in the immediate next year or the next 5 years. In some countries it is probably even that close.

Mr. KYROS. Thank you, Doctor.

#### CAN FAMILY PLANNING SUCCESSFULLY DECREASE POPULATION GROWTH?

Dr. McCAIN. The investigation of Westoff<sup>6</sup> indicated that about 20 percent—this is what we mentioned just previously—20 percent of all pregnancies were unwanted and an additional 20 percent were unplanned. If the unwanted, unplanned births had not occurred the completed fertility rate for women would have been 2.5 instead of the actual rate of 3.0 at the time of the study in 1965. The 2.5 rate would represent “a considerable gain” toward the 2.2 fertility rate which is necessary to obtain a zero population growth.

Mr. KYROS. Does that mean we are all supposed to have two and two-tenths babies?

<sup>6</sup> Westoff, Charles F.: *The Extent of Unwanted Fertility in the United States* (remarks at annual meeting of Planned Parenthood-World Population, Oct. 28, 1969). Westoff, Charles F.: Quoted by *Ob. Gyn. News* 5:38 (July 1, 1970).

Dr. McCAIN. This would—that is the loss of infants after delivery. The 2.2 gives a stable population with our current ability to prevent a—

Mr. KYROS. That is in the United States?

Dr. McCAIN. That is correct.

Mr. KYROS. Is that right?

Dr. McCAIN. This is correct. This study by Westoff indicates that successful control of population should be possible by the voluntary measures of family planning. If couples can be properly motivated and if methods of prevention are made available, unwanted and unplanned pregnancies should not occur.

It is proper to request evidence to indicate that family planning can be successful in its purpose.

Successful acceptance of family planning is indicated by the report of Dr. Joseph D. Beasley regarding the Louisiana family planning program.<sup>7</sup> It is anticipated that within the next few months three-fourths of the women in Louisiana needing the program will be participating in it.

The success has been reported by Dr. Roger W. RoCHAT<sup>8</sup> of the family planning program for the seven rural counties in Georgia which were involved in it. The white general fertility rate fell from 107.4 per 1,000 in 1960 to 80.1 per 1,000 in 1968. The Negro general fertility rate fell from 177.2 per 1,000 in 1960 to 99.5 per 1,000 in 1968. The decrease in the Negro general fertility rate was especially notable since it was nearly three times as great in all age categories as occurred in seven comparably matched control counties.

Mr. KYROS. And this was a result of a family planning program?

Dr. McCAIN. This is correct. This is rural, not in an area of educated, high income persons, but rural poverty areas of central Georgia.

#### CONCLUSION

Properly developed family planning programs are accepted by those who need them. Significant reductions in population growth can be obtained by family planning. Adequate funding can greatly increase the effectiveness and expansion of existing programs.

Population research can permit the development of safer and more acceptable methods of family planning. Psychological and sociological research may produce effective methods of motivation for family planning.

World population increases have been correctly described as population explosions. National and international problems of disaster proportions are imminent unless population growth rates are decreased.

Adequate appropriations for family planning and for population research provide the most far-reaching benefits for the dollars invested of all of the moneys spent for health care. The prevention of unwanted, unplanned pregnancies can greatly simplify the social, economic, and health problems of our Nation.

<sup>7</sup> Lincoln, Richard: S. 2108: Capitol Hill Debates the Future of Population and Family Planning. *Family Planning Perspective* 2: 6 (January 1970).

<sup>8</sup> RoCHAT, Roger W.: Quoted by: *Ob. Gyn. News* 5:35 (May 15, 1970).

Mr. KYROS. Well, Doctor, this indeed appears to be the case. You made these tests and conducted these family planning programs in Georgia, and I think your testimony is enormously valuable to the committee because you have shown what a program like this can do.

I only have one more question. I am sure Mr. Preyer wants to question. We must move on.

Do you worry—because there has been some concern expressed in these hearings—that these programs will just be voluntary incentives to women to seek diminishing fertility, that they will not somehow be compulsory, either to the poor and uneducated or to the educated? Do you worry whether this could be possibly compulsory?

Dr. McCAIN. If we can try the adequate funding of the programs with the proper educational motivation also and the adequate research of the understanding of why people are reluctant to accept them, this is psychological, sociological—I think the way we have seen in working with, you might say, the most unfavorable circumstances in Georgia, that it should be possible to do the necessary work and secure the necessary results without any compulsion at all.

Mr. KYROS. Thank you, Doctor.

Mr. Preyer?

Mr. PREYER. Thank you, Mr. Chairman.

I know we are running long. So, I will not go into a lot of additional questions but I will join the chairman in saying I think your testimony was particularly interesting for, one, showing that family planning will work as in the Georgia experiment, and, second, showing that it will be accepted. It would do no good to have a big program, authorize a lot of money for it, if people will not accept it. And your example of the Louisiana experiment in which, I believe, you say that three-fourths of the Louisiana women needing the program accepted it and utilized it—

Dr. McCAIN. This is a projection of the rate of increase that was taking place back in the first of the year, that it was estimated that within this year there would be—three-fourths of those who are eligible would have accepted it.

Mr. PREYER. And that compares with the figure you gave, I think, in your State of Georgia of only 16 percent of the women who need it are receiving services now. I think in my State of North Carolina the figure is 15 percent receive services.

Thank you very much.

Dr. McCAIN. Let me just make one additional comment—both of you speak of the acceptability to the patient. I would have you understand that I am speaking also from the standpoint of the physicians. I am representing the obstetricians and gynecologists, the specialists who are perhaps primarily concerned with the delivery of their care, representing the southeast area of the country where the need is perhaps as great, if not greater than anywhere else, and also specifically those in Atlanta and in Georgia, and we urge the adoption of this particular measure. We endorse it.

Mr. KYROS. Thank you very much, Doctor.

Our next witness is Dr. Alan F. Guttmacher, president of Planned Parenthood/World Population, New York, Dr. Guttmacher it is a pleasure to welcome you before the committee, sir.

## STATEMENT OF DR. ALAN F. GUTTMACHER, PRESIDENT, PLANNED PARENTHOOD/WORLD POPULATION

Dr. GUTTMACHER. I appreciate the privilege and honor of testifying before this committee and you have a prepared statement of mine and, therefore, I should like not to follow the text but make some simple statements, perhaps inviting your questions.

I would like to give an overview of some of the startling facts about U.S. population and U.S. pregnancies.

In the first place, it is well recognized that there are currently about 1.6 million excess of births over deaths in this country. Adding to this the 400,000 more immigrants than emigrants, we are increasing our population at approximately 1 percent per year. If this continues, the estimated population at the end of this century will be between 275 and 300 million. This must be taken into context with the fact that in 1900 our census was 76 million.

In the second place, I would like to point out that there are approximately 300,000 illegitimate births in this country each year, between 7 and 8 percent of the total births.

In the third place, I would like to make mention of the fact that there are many thousands of children so severely rejected by parents that they are brought battered to the accident rooms of our great hospitals and where one-quarter die and one-quarter remain severely brain damaged.

Mr. KYROS. Thousands of children?

Dr. GUTTMACHER. The estimate several years ago was 10,000 per year and I think this estimate is considered by all to be highly conservative. I am sure that when you read your daily paper or hear your daily TV, you hear about some of these children very often deserted by parents, left starving in tenements, sometimes actually great physical damage done to them by parents.

Mr. KYROS. Is there a direct correlation, Doctor, between the battered-child syndrome and the family planning services?

Dr. GUTTMACHER. I would say it is rather indirect. This problem does not only represent children who were unwanted at the time of conception. It expresses psychopathological behavior by parents. Nevertheless, a high proportion of these children are born illegitimate and a high proportion of these children are continuously rejected from the hour of birth but not all of the battered children belong in this category.

I would like to make mention of a fourth fact, that a million illegal abortions are currently performed annually in this country.

I would like to mention, finally, that this country does not have an enviable record in regard to infant mortality. Medical research has shown that there is a very high fetal loss rate and a very high abnormality rate in retarded children and congenital abnormalities in mothers less than 17 years old, and mothers more than 40 years old. It has been established by a Department of Health, Education, and Welfare publication that for every 500,000 women properly served with birth control, there would be 2,163 fetal deaths or infant deaths prevented. We also know that having children too rapidly, spacing pregnancies less than 12 months apart from the conclusion of one pregnancy to the initiation of the next, adds a great deal to the prematurity rate. Prematurity is the chief cause of mental retardation.

Mr. KYROS. That is a medical fact now.

Dr. GUTTMACHER. These are medical facts not to be contested. A vigorous family planning program in this country would do a great deal, I think, toward reducing some of the infant deaths, some of the brain-damaged babies, and some of the tragedies which happen to mothers.

As you have been told by previous excellent witnesses this morning, so I shall not belabor the point, a high proportion of conceptions in this country are not wanted at the time that they occur. I think perhaps the most important and perhaps even the most startling figure is a recent study by Bumpuss and Westhoff in Princeton shows that approximately a million of the 4 million children born each year between 1960 and 1965 were unwanted at the time of their conception by one or both parents.

It is also known that disadvantaged Americans have 55 percent higher birth rates than the nonpoor. Yet, social studies show that all Americans on an average want about three children whether they are poor or whether they are nonpoor. It means, of course, then, that the disadvantaged American has a larger family not by desire but by circumstance.

Mr. KYROS. Where do we get the statistics, sir, that poor or nonpoor on the average want about three?

Dr. GUTTMACHER. These are also figures taken from a publication of the Department of Health, Education, and Welfare. The author was Dr. Campbell and the publication date, I think, is 1967.

About two-thirds of U.S. counties had no organized family planning service in fiscal year 1968. It was also determined then that nine out of 10 of general hospitals provided no family planning services. Only 36 out of 3,079 counties served over half of the estimated need for subsidized family planning services.

The President in his July 1969 message to the Congress stated that there are 5,400,000 women in this country who require subsidized family planning services. In 1968 it was estimated that 800,000 received such service, giving a deficit of women unserved of almost  $4\frac{1}{2}$  million. It is estimated that in fiscal 1970 there will be an increase in those served to 1.2 million, still leaving a deficit of 4 million.

What does this bill do toward correcting some of these tremendous defects in reproduction? In the first place, you will establish an Office of Population Affairs and Family Planning administered by a Deputy Assistant Secretary, an office which now exists by administrative fiat and not by law. By great good fortune it happens that there has been chosen for this very important post an extraordinarily competent man, Dr. Louis Hellman, one of the most distinguished obstetricians and gynecologists in America today, the author of one of the standard textbooks. I think that Dr. Hellman needs to have his authority established by law rather than by administrative fiat. You could strengthen his position tremendously with the passage of this bill and give him tools to work with.

When it comes to service the bill provides \$30 million in fiscal year 1971 increasing to \$150 million in fiscal 1974. This money will not only be given to voluntary agencies, perhaps only a very small proportion of it will. Most will probably go to county health departments and to your great hospitals which should and can do the job if properly

financed. So that my organization, Planned Parenthood/World Population, is not backing this bill because we see in it a chance of accumulating large funds to work with because actually, this will not be the case.

In the second place, the bill provides formula grants to State agencies annual amounts increasing from \$10 to \$30 million. This will secure much more vigorous activity on the part of State health departments in furnishing family planning services.

You have had an excellent discussion of two of the key elements in the bill by two previous witnesses which I am not going to go into. One, is the matter of training grants which Dr. Harper has so eloquently told us must be greatly increased. Then, too, Dr. Segal has presented to you the absolute necessity for biomedical and behavioral research, increasing in amount from \$35 to \$100 million.

In addition, the bill contains two rather minor provisions, construction of population research centers and a small amount of money for education of the public.

I think that the passage of this bill will be a tremendous step forward in making available to all American couples who wish it, effective methods for conception control and to make each child in this country not a child by accident but a child that is seriously desired, wanted, and loved by its parents.

Thank you, sir.

(Dr. Guttmacher's prepared statement follows:)

STATEMENT OF ALAN F. GUTTMACHER, M.D., PRESIDENT, PLANNED PARENTHOOD/  
WORLD POPULATION

Mr. Chairman, I am Alan Guttmacher, president of Planned Parenthood-World Population, the national voluntary family planning organization founded more than 50 years ago and presently providing, through affiliates in 182 cities, medical family planning services to low-income women throughout this nation. Because, we believe that every woman, regardless of income, social or marital status should have the right and the ability to determine the number of children she will bear; and because we believe that, in addition to the basic human right involved, family planning has important health and economic benefits; we are gratified by the events of the last 18 months.

In May of 1969 the legislation before you, the proposed Population and Family Planning Act, was introduced in both houses of Congress. In July of the same year President Nixon demonstrated the concern of his Administration with this field by sending to Congress a Message on Population Growth and the American Future. In that message he made it the goal of his Administration to provide family planning services to all of the 5.4 million low-income American women in need and to increase the Federal role in population research. The Population and Family Planning Act would provide the tools to carry out the President's program. It has passed the Senate without opposition and with the concurrence of the Administration. Secretary Richardson has expressed his support for the bill. You gentlemen have the opportunity to give it your quick approval in the waning days of this session of Congress so that the bill may become law this year.

This legislation justifies your approval because it will provide family planning services to those low-income women who now lack access to them; because it will greatly increase population research and because it will provide a viable administrative structure within the Department of Health, Education and Welfare to carry out these programs.

The ability to control fertility has important social, health and economic benefits. It has been proved by modern medical research that as well as having them too close together has the effect of increasing appreciably the incidence of infant and maternal mortality and morbidity, mental retardation as well as other birth defects. Our nation, with the highest standard of living in

the world ranks below 12 other nations in prevention of infant mortality. Provision of family planning services, that is the provision of medical contraceptive care of the necessary educational services, to all would surely improve this situation. In fact, Department of HEW program analysis concluded that provision of family planning services would prevent 2,173 infant deaths for every 500,000 women served annually.

We know, too, that poverty and family size are directly related. Twenty percent of American children live in families whose income is below the poverty level but half of poor children come from families of 5 or more children. One third of all families with 5 or more children live in poverty. Studies by Professors Westoff and Ryder and others show that disadvantaged and middle class Americans express the same preferences in regard to family size, yet the poor in fact have 55% larger families. The middle class woman receives medical contraceptive service from her private physician. The poor women, as you well know, generally see a physician only in a crisis situation. She has little access to any preventive medical service, including family planning.

Until 1965 only private organizations such as Planned Parenthood and a few local and state health departments and teaching hospitals attempted to meet this need. Since 1965 the Federal government has begun to take an active role in equalizing access to family planning services and remedying this injustice. Limited Federal activity in this area is authorized under Titles IV, V and XIX of the Social Security Act and under the Economic Opportunity Act Amendments of 1967.

Of these potential programs, however, only project grants under Title V and the OEO Act have provided inadequate sources of funds for services to low-income couples. Some progress has been made, but it must be viewed in light of the fact that, until 1965, the government had had no commitment at all. A program starting at nothing must grow very rapidly to reach a meaningful level.

Progress must also be considered in terms of meeting the total need. There were more than five million low-income women in need of family planning services in FY 1968. Of these, less than 800,000 received subsidized services from all organized programs, both public and private. Because FY 1969 funds did not become available until very late in the year, the number of women served by Federally subsidized programs did not rise substantially in that year and it is unlikely that more than 1.2 million women will be served in organized public and private programs this year.

Almost two-thirds of the nation's 3,000 counties had no organized family planning programs in FY 1968. Nine out of ten nonprofit general hospitals did not provide family planning services in that year. Only 36 counties in the country were able to serve over half of their population in need while in over 2,500 counties less than 10 percent of women in need of birth control were served. Among the states represented by members of this committee only Florida and New York have been able to serve over 20 percent of the low-income women in need. None of the states here represented on this Committee served over 30 percent of the women who needed family planning services.

The legislation before you authorizes a substantial amount of new money, in addition to the sums available under current authorizations, for project grants to public and private nonprofit agencies and formula grants to states to establish and maintain family planning service programs. When added to the money presently available under Title V of the Social Security Act and through the Office of Economic Opportunity program, these funds will make a significant start toward reaching the goal, set by President Nixon, of reaching all of the 5.4 million women in need within the next five years. If present inflationary trends continue, even these monies may not be enough to do the job. I can assure you that it cannot be done for less money and I can assure you that you could authorize much larger amounts of money for these programs and still be saving public funds in the long run. Mr. Chairman, the cost of providing modern family planning services today runs about \$60 per woman per year. If you want to deal just with the hard economic benefits of this—ignoring the human factors for a moment—consider and compare this cost to the expense of providing prenatal care, hospital costs at birth, postpartum and infant care for women who involuntarily become pregnant and the unwanted children they bear. Consider too, the possible costs to the public if the unwanted child forces a working mother to leave her job and remain on welfare until the age of eighteen.

Mr. Chairman, poor people are not the only Americans burdened with unwanted pregnancies. Recent demographic studies have revealed that unwanted births

may be one of the most important socio-economic problems in our nation. For example, Dr. Charles Westoff has published an analysis which shows that 32 percent of Americans in all socio-economic and ethnic groups who want no more children are likely to have one or more unwanted pregnancies before they complete their fertile years. Among those who want more children, 62 percent are likely to have one or more timing failures, that is, their children will not be spaced according to their wishes and plans.

These competent scientists were surprised to discover a "substantial lack of success in fertility planning across the entire sample, regardless of race, religion or education."

Their conclusion warrants further quotation because of its relevance to your deliberations. They stated:

"An increase in reproductive competence, whether by way of development of better methods, enlarged knowledge of available contraceptive procedures or greater diligence in their employment, would have considerable consequences for the quantity and time pattern of fertility in the United States."

This study scientifically confirms the observations of most practicing physicians that unwanted pregnancies in our country, with its pitiful human and social consequences for parents, and particularly for children unwanted and often rejected are alarmingly frequent. Simply put, despite improvements in the technology in the last 10 years, current contraceptive methods leave millions of U.S. couples exposed to the risk of unwanted pregnancy. Clearly this is a major factor underlying the estimated 1 million illegal abortions performed in our country each year.

Dr. Westoff also analyzed the effect of unwanted births on U.S. population growth. He found that from 1960 to 1965 about 1 million children were born each year who had been unwanted by their parents at the time of their conception—about 445,000 to the poor and 540,000 to the nonpoor. He conservatively estimates that a minimum of one-third to one-half of the natural increase in U.S. population which has occurred in our country during the 1960's attributable to unwanted fertility. I quote:

"The conclusion is inescapable that the elimination of unwanted fertility would have had a marked impact not only on our birth rate and our rate of population growth, but also on the life situation of millions of American families in or near poverty." Dr. Ryder of The University of Wisconsin claims that the current family size of 2.8 children would be reduced to 2.2. This would eventually establish equilibrium between U.S. births and deaths.

The Federal government's proposed expenditure for population research in fiscal year 1971 is \$28.4 million. This is less than one percent of the total expenditure for health research and is considerably less than is budgeted for such items as dental research and research in arthritis. I submit that conquering the mysteries of conception is as important as conquering dental disease and arthritis. It is less than one-third the amount which President John's Committee on Population and Family Planning recommended for this field in this fiscal year. At least part of the explanation for this embarrassingly low figure is the fact that there is no specific legislative authorization for population research. Funds for this field are simply one line in the budget of one of the smaller institutes of NIH.

I want to make it clear, however, that even the new funds for research authorized in this legislation will fall far short of the sums which have been estimated, on the basis of the best professional judgment available, to be necessary to carry out both the biomedical and behavioral studies required in this field. A recent Department of HEW analysis estimated that the total public and private funds required just for an adequate program of contraceptive development—and contraceptive development is only a part of the total population research field—research alone would be \$133.7 million in FY 1971, rising to \$169.5 million in FY 1974. Private resources provided about \$25.5 million for this purpose last year and these funds are not expected to rise appreciably in the future. Therefore, the Federal government should be prepared to spend from \$110-\$120 million just for contraceptive development research, both biomedical and behavioral, this year. The amount requested in the current budget is only \$6.5 million.

Progress in population research to date has relied almost completely on the investments of the private sector. The Ford Foundation, The Population Council and the pharmaceutical companies have provided an overwhelming proportion of available funds. However, foundation financing has reached its peak and can-

not be expected to increase significantly and pharmaceutical companies are unlikely to continue to invest heavily in the development of products which must become inexpensive, longer lasting and, as a result, less profitable.

Finally, may I turn to what, in the long run, is probably the most important part of this legislation, the consolidation of authority over population research and family planning services and the establishment of an efficient structure to administer funds presently authorized and funds to be added. Family planning service and population research programs have suffered grossly not only because of inadequate funding but also because of diffusion of responsibility. This problem has been acknowledged by officials of the government and they have taken some steps to overcome it. The legislation now before you originally would have established a Center for Population and Family Planning in the Department of HEW, consolidating responsibility for these areas of concern, and similar in structure to the National Institute of Mental Health. Officials of HEW prevailed upon the Senate to alter this plan in order to prevent possible delay in carrying out these programs. As passed by the Senate, all of the functions vested in the proposed new agency for population and family planning would instead be vested in an Office of Population Affairs to be headed by a Deputy Assistant Secretary. This Deputy Assistant Secretary would have direct line authority over all family planning and research programs of HEW. The legislation states that the Secretary shall utilize this new Office—

(1) To administer all Federal laws, over which the Secretary has administrative responsibility, which provide for or authorize the making of formula or special project grants related to population and family planning;

(2) To administer and be responsible for all population and family planning research carried on directly by the Department of Health, Education, and Welfare or supported through grants to or contracts with agencies, institutions, and individuals;

(3) To act as a clearinghouse for information pertaining to domestic and international population and family programs;

(4) To provide a liaison with the activities carried on by other agencies and instrumentalities of the Federal Government relating to population and family planning;

(5) To provide or support training for necessary manpower for domestic and foreign population and family planning programs of service and research;

(6) To coordinate and be responsible for the evaluation of the other Department of Health, Education, and Welfare programs related to family planning and population and to make periodic recommendations to the Secretary as set forth in section 4;

(7) To carry out the purposes set forth in subsections (a) through (f) of section 1 of the bill; and

(8) To carry out the categorical programs established by the bill.

Although the establishment of a new Center seems to me a more logical arrangement, I join with officials of HEW in refraining from placing any obstacle which might further delay getting these programs underway. Since they feel that the new and alternative arrangement will hasten the implementation of sorely needed programs, I urge you to approve this legislation with the organizational changes approved by the Senate.

Mr. Chairman, I feel that the adoption of the proposed Population and Family Planning Act by this Congress would represent a very significant step toward helping our own people to control voluntarily their fertility more effectively and toward solving the population problems of the United States and the rest of the world. This committee is surely cognizant of the very important, social, economic, and health consequences which would emanate from such achievements—consequences which can be measured in terms of reduced infant mortality and morbidity, improved maternal health, increased family stability, lessened dependency, a reduction in the pressure of population on our environment.

This is the promise of this legislation, a promise which is encompassed within the framework of voluntarism and personal freedom, a hallmark of the quality of life in our Nation.

In the last year a number of prophets of doom have rushed into the headlines to pronounce the verdict that voluntary fertility control is "insanity." These men have little knowledge of the potential of improved family planning programs and improvements in the delivery of services and techniques. They believe that population growth can be brought under control only through governmental coercion and decree.

I do not share their pessimism. The appropriate response, in my view, is to mobilize rapidly a total, coordinated program by government, in collaboration with voluntary health services, in an all out maximum effort to demonstrate to the world what voluntary fertility control can accomplish in a free society like our own.

Mr. Chairman, I urge your committee to approve this legislation because Planned Parenthood believes, a view with which I personally strongly concur, that it presents to our Nation the best possible way to make the appropriate response, both to our inadequate birth control domestic services and research programs and to the critics of voluntarism who would make human reproduction a governmentally controlled rationed activity.

Mr. KYROS. Thank you very much, Doctor. Let me ask you about the structure of the particular organizations that would carry out the purposes of the bill, particularly in S. 2108. You said that there would be established in the Department of Health, Education, and Welfare an Office of Population Affairs to be directed by a Deputy Assistant Secretary. Now is this, from your own understanding of Federal programs and how they can best be carried out, the best team that we should have?

Dr. GUTTMACHER. Well, as far as I understand, sir, this has been modified so that this will not be a separate section under NIH like mental health, but this will be part of HEW and that Dr. Hellman will be the Deputy Assistant Secretary for Population and Family Planning.

Mr. KYROS. And he would report directly to the Secretary?

Dr. GUTTMACHER. And he will report directly to the Secretary. This, I think, has been a modification. I am not enough of a politician to assess whether this is good or bad, sir.

Mr. KYROS. No. I only meant that the man who operates out in the field at the end of these programs, do you think this would be a good way—

Dr. GUTTMACHER. I think so. I think Hellman has enough integrity and competence so that he will create loyalty from his staff and I think we will have a good working mechanism.

Mr. KYROS. Now, let me ask you this question. These programs are scheduled to cost about \$1,100 million over the next 5 years. With the problems that the country has on money and budgets, and considering the programs that we have already going in health, as well as in other areas, do you think that this kind of money is warranted for this program, and if so, why?

Dr. GUTTMACHER. Well, of course, I have a biased point of view. This is my life's work and I see the vital need for it. I see constantly the results of unwanted pregnancies. I cannot help but feel that this is a relatively small amount to pay for the reward which will be gotten.

Of course, we hope that if we can have pregnancies simply by desire, not by chance, we will have cutting down of welfare roles. We should have better spacing of pregnancies with fewer retarded children. We ought to have fewer children born abnormal such as children born with mongolism, if we can curtail births after the age of 35, for example, by voluntary means. So that all in all, this may pay for itself in reducing the necessities for funding of other programs.

Mr. KYROS. Do we have many births included in the figures you have given here to, let us say, girls under the age of 18?

Dr. GUTTMACHER. My goodness, sir, I cannot tell you the precise figure but it is a staggering number of children who produce babies, starting with the age of 12.

Mr. KYROS. I picked the age of 18, Doctor. I do not want an accurate figure, although I am sure you can get it for us, but at age 18, a girl is just getting out of high school. How are you going to bring family planning to this girl who has barely gotten married?

Dr. GUTTMACHER. These children are not married. Our current programs in this area are very humane. These pregnant children are taken out of high school and provided special schooling not to become drop-outs. There are so many of them that in large metropolitan centers we are establishing special schools for them after they become visibly pregnant and they continue their schooling and are likely to continue and even graduate with their classes.

At the same time they are taught how to take care of the baby. They are taught the importance of family stability. They are taught methods of contraception if their parents approve of it. What is done to redeem these girls who otherwise would become simply repetitive mothers creating an innumerable number of illegitimate children.

The thing to do, of course, if possible, is to stop the first illegitimate child but if we have the misfortune to have the first, we must stop the second.

Mr. KYROS. How are you going to stop the first one for these young girls?

Dr. GUTTMACHER. It is now being done by rather nonconservative means. As you probably know, in some of our large deprived areas of the great cities, we are establishing family life classes for young teenage children, having parents voluntarily send their children to these classes, attempting to teach these children something about sexual responsibility, and if the psychiatric social worker feels that their home is a milieu in which early sexual activity will begin, we sometimes even begin these children on contraception before the initial sex experience.

This is a vigorous way to approach the problem, not with theory but with pragmatic action.

Mr. KYROS. Who is carrying out these programs that you just described to us?

Dr. GUTTMACHER. These are done in part through my agency, through Planned Parenthood, and grants; not with Government funds but funds from private foundations.

Mr. KYROS. Mr. Preyer.

Mr. PREYER. In the interests of time, Dr. Guttmacher, I will not ask you any questions but I will read your testimony with interest and I appreciate very much your being here.

Dr. GUTTMACHER. Thank you very kindly.

Mr. KYROS. Thank you very much, Dr. Guttmacher, for coming here today.

Our next witness will be Rev. Carl Flemister, vice president, Harlem Interfaith Counseling Service of New York City.

Glad to have you here with us today.

#### **STATEMENT OF REV. CARL FLEMISTER, VICE PRESIDENT, HARLEM INTERFAITH COUNSELING SERVICE OF NEW YORK CITY**

Reverend FLEMISTER. Thank you very much. I am Carl Flemister. I am vice president of the Harlem Interfaith Counseling Service of New York City, which is affiliated with the American Foundation of

Religion and Psychiatry. I am also a member of the board of the Citizens' Committee for Children. The Harlem Interfaith Counseling Service serves children and families in the Harlem community who can no longer cope with some of the difficult problems of life. Therefore, I am deeply concerned with every aspect of child welfare and particularly the physical, emotional, and social consequences of unwanted, unplanned children. I am especially aware of the relationship between the lack of family planning services and high infant and maternal mortality rates, particularly among the poor who suffer a disproportionately high number of premature births, mental retardation, and other birth defects. I welcome this opportunity to endorse H.R. 11123 and H.R. 11550, which were introduced by Representatives Carter and Scheuer, respectively, and sponsored by many others.

In addition to the need for consolidation of the various Federal Government family planning and population research programs to improve their effectiveness and efficiency, there is an indisputable need for additional funds for family planning services, research, and training. The enactment and implementation of the legislation before you would do much to satisfy these needs.

As others will be documenting the need for program expansion in these three areas, I would like to concentrate on a subject which is of deep concern to the organizations with which I am associated; namely, what happens to unwanted, unplanned children, and may I stress unwanted, because I believe family planning is a basic human right, not a coercive, divisive measure to achieve somebody's hidden agenda.

Prof. Charles F. Westoff of the Office of Population Research, Princeton University, recently reported that in each year from 1960 to 1965, approximately 1 million children were born to parents who advised that at the time of conception they had not intended a pregnancy. Of these births about 445,000 were to poor and 540,000 to non-poor families. The incidence of unwanted births is considerably higher among the poor and near poor (68 percent) than among the nonpoor (17 percent). Further, Dr. Westoff has estimated that between 1960 and 1968, 35 to 45 percent of the natural population increase in this country could be attributed to unwanted fertility.

President Nixon, in his message to Congress last July, identified some of the consequences of unwanted children:

He said:

\* \* \* We know that involuntary childbearing often results in poor physical and emotional health for all members of the family. It is one of the factors which contribute to our distressingly high infant mortality, the unacceptable level of malnutrition \* \* \*. Unwanted and untimely childbearing is one of several forces which are driving many families into poverty or keeping them in that condition. Its threat helps to produce the dangerous incidence of illegal abortion.

Four areas of concern are worth reviewing at this time. First, it has been estimated that in 1968 there were 300,000 out-of-wedlock births out of 3,470,000 total births. In 1967 24 out of 1,000 unmarried women between 15 and 44 years of age had children. It must be assumed that a high proportion of these births were unwanted and unplanned. Further, it has recently been reported by the National Center for Health Statistics that 42 percent of all first child-

dren born to married women 15 to 19 years of age had been conceived prior to marriage. Additionally, it has been estimated that 22 percent of all first births were to women who had been married less than 8 months. Again, it must be assumed that a high proportion of these births were unwanted and unplanned.

While the teenage illegitimacy rate has changed little in the past decade, because there are many more teenagers, the number of out-of-wedlock births among teenage girls has increased alarmingly. This is shocking because it shows that more and more young girls, children themselves, are having children before reaching a reasonably adequate degree of emotional and social maturity. Despite this, in most States, family planning services are available to sexually active young people, as Dr. Guttmacher just testified, only after they had experienced a first pregnancy. This is a pretty high price to pay for information that children should have naturally.

Mr. KYROS. I do not understand the last statement. I know it is unfortunate but how are we going to get family planning services to children from 12 to, let us say, 17 when we do not know which group to go after? Secondly, does this mean that we give universal family planning service and counseling to the children in grammar school and in high school?

Reverend FLEMISTER. I am talking about helping young people to deal with their sexuality, to deal with feelings, to deal with attitudes that they are developing from association with other young people. We are skirting around all of these things in our educational institutions and looking the other way. We have been doing that for years. And we do not know that a youngster is sexually active until she ends up becoming pregnant.

I think that a proper relationship with young people during the educational process will help us to know when they are sexually active or when they are leaning toward sexual activity and that then we begin to counsel and if necessary provide them, as Dr. Guttmacher said, with contraception while we are doing the counseling.

Mr. KYROS. But a proper relationship, as I have always understood it, is one provided by the family, the school, the church, and the community so that the child grows up in a community where all these things that you and I just talked about are adjusted. And those that are not adjusted, I would hope would only exist in those places where there is some kind of a breakdown with such a breakdown of the family, certainly counseling should be provided. But we cannot indiscriminately provide family planning services to all youngsters from the age of 12 and beyond. I just do not see how anyone could suggest that.

Reverend FLEMISTER. I am not saying indiscriminate, but, Mr. Chairman, in my 22 years in association with young people and with families, I can tell you of families right now where there are mothers who are too embarrassed or too unknowledgeable to tell their daughters about menstruation, let alone to tell them about contraception or to help them deal with their sexuality. So that it may be very ideal for us to say that this is a task to be shared by the church, the home, and the school, and I agree with you, but that is not the way it is. And I think that a certain degree of education has to take place so that the home can do its share, so that the church can even do its share, and

certainly so that the educational institutions can do their share, too.

Mr. KYROS. Thank you, Reverend.

Reverend FLEMISTER. It is recognized that this problem will not be solved by family planning services alone. However, such services may provide the time to help sexually active young people find other ways to know more about their sexuality and to find positive ways to deal with it.

The second area of concern is for those children who cannot be kept with their mothers and families and who must be put up for adoption or provided extended foster care. Many of the children awaiting foster care placement or adoption are unwanted children. The statistics are disconcerting. On January 1, 1970, when many people were waking up to hangovers or to a year of uncertainties and some certainties, there were more than 1,600 children who awoke to another year of institutional living in New York City alone; 750 more children were on juvenile court remand, and 2,300 New York City children found themselves in temporary foster homes or institutions awaiting adoption. Even if only one-half of this group were not wanted by their families, and the figure is probably much higher, it means that more than 1,000 children, who may themselves be parents some day, have had their lives severely impaired because they are unwanted.

The United States Children's Bureau and the Child Welfare League of America report that more than 300,000 children in the United States are now wards of public and private agencies. Though not all of them were unwanted when conceived, many of them were.

These distressing figures pose a serious threat to family life in this country. If the legislation under consideration today is enacted and implemented, it can provide the impetus for saving thousands of children from having to face a life of despair.

Third, let us look at the child living at home who is not wanted. Although many unwanted children are eventually accepted by their families it is also true that the psychological, physical, and economic demands incurred with an unwanted birth often result in hardship. As the Group for the Advancement of Psychiatry has stated: Mothering, and I would add fathering, is a task that requires enormous human and emotional resources. It is an obligation that confronts and challenges the woman's capacity to care day and night. Done in the spirit of love and fulfillment, it is hard but rewarding work. But when the child is unwanted, the task may become an onerous obligation, an ordeal emotionally destructive to the mother and disastrous for the child.

In addition to the psychological damage to the child, the mother, and the family, physical abuse as we have heard today, often results when children are unwanted or poorly timed. In recent years child abuse has received a good deal of publicity but we are only beginning to recognize the extent of this problem. In 55.7 percent of the child abuse cases reported the child was under 4 years of age. A total of 178 children died as a result of such abuse. That is a report. Many experts feel that only a small percentage of this problem is visible as only a fraction of the cases are actually reported.

The final area of concern is that so many desperate women must resort to abortion. Authorities agree that over 1 million illegal abortions are performed in this country each year. Nationwide approxi-

mately 40 percent of all maternal deaths result from illegal abortions. In New York City, to date, illegal abortion has been the greatest single cause of maternal mortality. During 1968, 28 percent of the abortion cases treated in New York City's municipal hospitals were admitted for care "subsequent to possible manipulation."

Further, statistics show that one out of every five pregnancies ends in abortion; that one out of every five women will have an abortion by the time she is 45 years of age; that the majority of abortions are done on women who are married and living with their husbands; and that the preponderance of legal abortions are done on white middle class women who occupy hospital rooms. Women in poverty are often forced to have illegal abortions by butchers in the neighborhood when they cannot cope with another child.

While the legalization of abortion in my own State, New York, will provide some relief from unwanted pregnancies, especially among the poor, I feel that this means should only be used as a last resort as a backup to some of our contraceptives that sometimes fail. The better alternative is effective family planning in order that conception may be prevented until desired. If the poor of New York City had improved access to family planning services, if better, more effective contraceptive methods were available to all, no doubt a substantial number of the abortions now being performed in New York City would not be necessary.

I believe that every child should be loved by two people who love each other. At second best a child must be loved by someone who sought him out in order to share that love.

A little over 28 years ago a small group of men and women gathered in the White House at the invitation of Mrs. Roosevelt. Their purpose was to discuss, Mr. Preyer, ways in which the Federal Government could reduce high infant and maternal mortality; physical and emotional suffering due to rapid successive births; and the number of illegal abortions. Yes, they had come together to discuss how the Federal Government could become more greatly involved in family planning.

Since then, considerable progress has been made and the acceptance of family planning services is almost universal. However, an effective program still remains to be developed and implemented. We cannot afford to continue in the same old ineffective ways for the next 28 years or as far as I am concerned, for the next 28 days. Passage of the legislation under consideration would represent a landmark for all the programs designed to improve the health and well-being of mothers and their children.

Today our country faces unprecedented crises in every human and social area, as I am sure you are aware. Because of their complexity these problems will not be easily solved. However, because of our advanced technology and knowledge, as a nation, it is within our capacity to develop an effective, efficient, and comprehensive family planning program. While the development of such a program will not solve many deep-seated national problems alone, it can play an important role in the overall solution to these problems.

Before concluding I would like to stress the importance of voluntarism in family planning programs. It must always be a matter

of personal choice. Unfortunately, over 5 million low-income women in the United States do not have this choice because they lack access to family planning services. Sound, noncoercive educational programs must be developed so that these women can make an informed decision.

In conclusion, Mr. Chairman, I would urge that quick action be taken by your committee in approving the legislation under consideration today.

Thank you.

Mr. KYROS. Thank you very much, Reverend Flemister. I thank you for your testimony. It is very interesting and I particularly like the remarks you made at the end concerning voluntarism, that the 5 million low-income women indeed do not even have access, do not have the right to make a choice because there is nothing there.

Mr. Preyer?

Mr. PREYER. Thank you.

Reverend Flemister, I think you have given us one of the most eloquent statements we have heard in these hearings. Your comments about Mrs. Roosevelt calling the conference at the White House—I had not heard that before. Was that probably the first instance of the Federal Government getting interested in this field?

Reverend FLEMISTER. That was the first. Most of the people there were representatives of the Children's Bureau or its preceding organization. Mrs. Roosevelt, incidentally, was up on the Hill with her husband who was declaring war on the Axis powers that day but the group met in her private dining room anyway.

Mr. PREYER. So that was the day 28 years ago of the first conference dealing with family planning.

Reverend FLEMISTER. That is correct, and I hope we are going to declare war on the problem today and that this committee will declare it promptly.

Mr. PREYER. That is very interesting. You have given us some startling statistics in here, a lot of facts that certainly surprised and shocked me. They seem to be well documented.

Mr. KYROS. Thank you very much, Reverend.

I would like to announce at this time—I see it is 12:30—that I am sure the bells are going to be ringing for the House on legislation. It was my intention that we were going to meet this afternoon, but after we asked for unanimous consent there was objection on the grounds that there is legislation in the House and I think we have both the legislative reform bill and the agricultural bill up in Congress. So, for that reason, I would like to call out these names and see which of these people are present and whether perhaps you would like to submit your statements before the committee or come back when we could reschedule a hearing Friday morning at 10 o'clock, on August 7.

I see first, here, Dr. Elizabeth Connell. You may either submit your statement or come back Friday morning, Dr. Connell, as you wish. (See p. 300, for Dr. Connell's testimony.)

Dr. Andre E. Hellegers, you may either submit your statement or come back on Friday morning.

Dr. HELLEGERS. I will file my statement, Mr. Chairman.

(Dr. Hellegers' statement follows:)

## STATEMENT OF DR. ANDRE E. HELLEGERS, WASHINGTON, D.C.

Mr. Chairman, I am Andre E. Hellegers, M.D., professor of obstetrics and gynecology, Georgetown University School of Medicine. Five years ago I had the privilege of testifying at the hearings before the Subcommittee on Foreign Aid of the Senate Committee on Government Operations, chaired by Senator Gruening.

I stressed the fact at that time that I testified as a private individual, not speaking on behalf of any organization, and I do so again today.

I believe that in 1965 I was among the first Roman Catholics to testify before the Gruening committee. At that time, I stressed the need for medical research and for research on demography at universities. Today, I wish to do so again.

Since that day in 1965, I have had the task of serving first as a member of Pope Paul's Commission on Population and Birth Control, and then as a member of President Johnson's Committee on Population and Family Planning.

No one could have gone through those two experiences without having some very strong opinions about some of the aspects of the bills S. 2108 and H.R. 11550.

Permit me to comment on some of these from that vantage point and from the point of view of a professor of obstetrics and gynecology, involved in an attempt to mobilize a university-wide program in this area.

Before the Gruening subcommittee I made the following statement:

"To me, it has always seemed that one historical tragedy in many ways in university education is that doctors have withdrawn themselves from campuses to hospitals, theologians have withdrawn themselves from campuses to seminaries, and they have left the social sciences and the humanities on the main campuses. As a consequence, I do not think that all of these aspects are ever interwoven into one body of teaching in a university."

Today, I would add that this is not only true of teaching, but equally of research. Is there anyone left who is not aware that the population problem is tied to biology?

That it has ethical implications?

That it has economic implications?

That it is affected by motivational factors?

By sociological factors?

By cultural factors?

In brief, that population expansion is a problem which touches every facet of our lives from the most spiritual to the most materialistic?

Is there anyone left who is not also aware that it impinges on the problem of pollution, or of urban planning?

But if there is this awareness, what can we say of the national effort not only to solve the problem, but just simply to study it.

Is there anyone who would not at least wish to study it?

Let me cite a few facts. More than two years ago the President's Committee recommended that the Federal Government provide basic support for population study centers. Today, about 100 million births later, we are no closer to it.

Two years ago Pope Paul VI wrote an Encyclical on human life. Let me quote parts of two paragraphs from it. First from paragraph 24:

"We wish now to express our encouragement to men of science who can considerably advance the welfare of marriage and the family, along with peace of conscience, if by pooling their efforts they labor to explain more thoroughly the various conditions favoring a proper regulation of births.

"It is particularly desirable that, according to the wish already expressed by Pope Pius XII, medical science succeed in providing a sufficiently secure basis for a regulation of birth, founded on the observance of natural rhythms."

Next, let me quote from paragraph 27 addressed to doctors and medical personnel:

"Let them persevere, therefore, in promoting on every occasion the discovery of solutions inspired by faith and right reason. Let them strive to arouse this conviction and this respect in their associates. Let them also consider as their proper professional duty the task of acquiring all the knowledge needed in this delicate sector, so as to be able to give to those married persons who consult them wise counsel and healthy direction, such as they have a right to expect."

Now I have included these statements, Mr. Chairman, to point out some very simple facts. If one should be interested in perfecting rhythm as a means of family planning, what are some of the things one would have to know?

One would have to know what governs ovulation, how long an ovum can survive, how long sperm can survive, how long a menstrual cycle lasts, what governs it.

In brief, you have to do precisely that kind of research on which the National Institutes of Health, more than a year ago, placed the highest priority. Whether you want to make a sperm avoid an ovum, or whether you want to destroy them makes little difference as far as the fundamental knowledge required is concerned.

A year and a half ago, also, the Conference of Roman Catholic Bishops of the United States set up a foundation, to which they contributed \$800,000. They named it the Human Life Foundation.

What is its stated purpose?

It is precisely to foster basic research in all those areas of reproductive biology and sociology which S. 2108 and H.R. 11550 want to see supported.

Now I am not here to suggest that the research envisaged under these bills restricts itself to that which the Pope and United States bishops might have in mind.

But I am here to say categorically that if the hopes of the Pope and the bishops are to be realized, we had better massively finance all those fundamental areas of human reproduction, both in their biological and humanities aspects, which the President's Committee and NIH are also interested in financing. And it should be obvious to anyone that no \$800,000 is going to do it. It would be about enough to endow one research chair and that would be all.

Permit me to expand on these thoughts one step further. For the past few years, I have served on various advisory bodies for the United Cerebral Palsy Foundation, for the Joseph P. Kennedy Memorial Foundation, and for a variety of private and governmental agencies interested in the quality of human reproduction.

Allow me to say that we shall make very little headway with any of these problems unless we understand much more about reproductive biology in the very earliest stages of human reproduction. That is where much of the damage occurs.

Again, the biology of sperm and ovum are crucial to this understanding. Yet, as in the quantitative reproduction problem, so here in the qualitative problem our efforts have all been overwhelmingly directed at remedy of the events after they have occurred.

Therapy, remedial treatment, custodial care, repair of damage already incurred—these are the areas we have stressed, not prevention. We simply do not have the basic knowledge for prevention.

And let me bring up what I mentioned before the Gruening subcommittee: About 10 per cent of the population has a sterility problem. Such people will go to almost any length to achieve a pregnancy, yet there is very little to do for them. Why?

Precisely because we know too little about basic reproductive biology. It may sound like an anachronism to bring up the problem of sterility in the context of the population explosion. Believe me, Mr. Chairman, it is not.

What I have tried to stress is that whether you are interested in contraception or conception, in "artificial contraception" or "rhythm," in genetic counseling or mental retardation or cerebral palsy—to make any inroads into any of these problems you had better understand the very basics of ovarian physiology, of tubal or sperm physiology, of fertilization and implantation. In brief, of all those aspects of human reproduction which we understand so little about and which these bills pertain to.

I have raised questions of biology. I could raise as many in the humanities:

What makes people want to have children?

What makes them want how many?

If it takes about 2.2 children per family to replace the parents, what is the American norm?

Is it the 2.2 or so of the 1930's—a pre-modern contraceptive era—and perhaps of the 1970's, or is it the four or so of the 1950's?

The former may keep the population on an almost even keel, and the latter will double it in perhaps 35 years.

What effect does this have on the economy through the age structure it produces?

Should one produce potty chairs or rocking chairs?

I am surprised that in departments of economics, they are not teaching population, and yet, that is precisely what their markets will depend upon.

What is the impact on cities?

Are two-child families in Los Angeles greater pollutants than six-child families in Kenya?

What implications does this have for policy?

Is there psychology of crowding?

Why is it one can be outside of Amsterdam or Rotterdam, in the most densely populated country in Europe, and yet see cows and pastures and feel at peace, and yet, why is it so difficult to ever feel "in the country" along the eastern seaboard of the United States?

What urbanologist is focusing on the psychology of crowding?

What is the psychology of so arranging cities that the old are segregated from the young, and that a predominant fear of the young and the not-so-young is that they shall become old?

Where are the political scientists interested in the international political problems which can arise, as the world seeks sooner or later to slow its population growth?

What ethical principles are involved?

Mr. Chairman, I raise these questions not to be depressing, but simply to point out that after serving on as multidisciplinary, and as international, a Commission as the papal one, it is almost impossible not to see the staggering need for research in the area.

I have not even mentioned nutrition or logistics of food distribution.

We hear of the green revolution, incidentally, engineered by private foundations, not by government.

Its success gives a welcome respite, but will it lull us to sleep?

Is nutrition in the absence of proteins adequate for the development of brains of fetuses?

These are the questions which say the Cerebral Palsy Foundation would be interested in.

We don't know.

Yet, in the light of this, what has been the tangible action of the United States Government?

We speak of the National Institute for Child Health and Human Development being in charge of current medical, contraceptive, and behavioral research in this area. Available, I believe, were only between \$10 and \$15 million for Fiscal Year 1970 and about \$30 million for Fiscal Year 1971.

I cannot but wonder how this compares with obsolete jet fighters for Taiwan.

And yet, with 5 percent inflation rates, scientists working in the area of reproduction receive telephone calls asking them to cut their previously approved budgets by 10 to 15 percent.

Private foundations have more than done their part in financing this area, but what of the Government?

If these sound to you like tired comments, Mr. Chairman, believe me, they are.

Universities like Georgetown, small in size, small in endowment, have made prodigious efforts in this area. Trainees have been attracted, but everywhere training funds are cut.

Scientists apply to join in the effort, but there is no space to put them; yet, it is questioned whether any funds should be set aside for construction purposes.

If an all-encompassing approach is to be used in the research and teaching of this subject, additional faculty must be hired.

There is no reason why a university like Georgetown should not be able to train demographers from among the many Government agencies located in Washington, or for that matter, from abroad, say, from traditionally Roman Catholic environments in Latin America or French-speaking Africa. But no universities can do this without funds, and by this I mean reasonably long-term support.

Nothing is more devastating than to tool up for a research effort, as was done in the biological sciences in the 1950's, then to find the Government suddenly reversing its encouragement of the programs it initiated, and leaving the scientist and the universities high and dry.

As a professor at the university now, I have a great deal of difficulty when the students ask me what to do with regard to the future.

Would you advise a young doctor to enter medical research and join the faculty club, or would you advise him to settle down into some nice suburban practice and join the country club instead?

I have said, Mr. Chairman, that the President's committee met about 102 million births ago, the Pope's encyclical came out about equally as many births ago, the Catholic Bishop's Foundation was started about 62 million births ago. And here we are today no further along in determining what is to be done.

In hearings such as these we hear the words, "too little" or "insufficient" or even "national disgrace."

When I hear, and read, of compulsory birth control or the need for abortion to solve the problem, or penalties on childbearing, I am left with only one impression. The present lack of research funding, after papal encouragement, bishops' encouragement, President's committee encouragement, and private foundation encouragement, can, in my view, only be described as downright immoral.

The training, research and construction funding proposed in these bills are an appropriate start for an effort which should have been made years ago, and I hope that the testimony of one Roman Catholic obstetrician from one Roman Catholic university will help your Committee do what any sane person would surely know must be done.

I welcome this opportunity to express my opinions on this matter. Thank you for your kind invitation.

Mr. KYROS. Dr. George Crawford, professor of physics, Southern Methodist University. (See Dr. Crawford's prepared statement on p. 439.)

Mrs. Alvin J. Emmons from Wauwatosa, Wis.

#### **STATEMENT OF MRS. ALVIN J. EMMONS, NATIONAL COORDINATOR, CIVIC AWARENESS OF AMERICA**

Mrs. EMMONS. Yes, Mr. Chairman. I will submit a statement but I would like to also say at this time and express a very deep disappointment in the fact that we have come from Wisconsin and that the testimony has been in support of this legislation. We do represent millions of people across this country and did want to present our position for the record.

Mr. KYROS. Well, I was certainly looking forward to hearing from you this afternoon but I cannot control all the scheduling of the committee. Perhaps you could come back?

Mrs. EMMONS. I am sorry. We did ask that we report early so there would be a balance of information being offered to your committee.

Mr. KYROS. Do you have also a written statement you can submit?

Mrs. EMMONS. Yes, I do. It has been submitted.

(Mrs. Emmons' statement follows:)

#### **STATEMENT OF MRS. ALVIN J. EMMONS, NATIONAL COORDINATOR, CIVIC AWARENESS OF AMERICA**

Honorable Chairman and members of the committee, I am Mrs. Alvin J. Emmons and I am speaking as National Coordinator of the Civic Awareness of America, whose other National Coordinator is Mrs. Ray Kuffel, 14530 West Viewcourt, Brookfield, Wisconsin. The Civic Awareness of America is a non-sectarian, non-partisan group which enjoys the support of all who believe in the Judeo-Christian concepts, and who also believe that in accord with these concepts, the sanctity and the privacy of the family unit is the foundation of all civilized society and must not be violated by immoral or amoral laws enacted by government. Because we believe in these concepts, we are here today to register our opposition not only to this bill but also to all of the more than 40 bills and resolutions pending in Congress which can only lead to total control of population by government. It is neither the function nor the purpose of government to sponsor or promote programs of population control. Government's proper role is to protect the lives of all its citizens including the unborn and to protect the right of the citizen to transmit life. Passage of this law will only add

to the irresponsibility and over-permissiveness which seems to be running rampant in all areas of living today. We urge you to vote against this bill and ask rather that you exert every effort to protect the home and family and the very right to life. The time is NOW to stop the tearing down of the home and family through the passage of any immoral or amoral laws.

Unless you have been living in total isolation from the world, you must be aware of the deluge of one-sided propaganda flooding the communications media to build acceptance for total control of population by government by any and every method and means.

Even here in Washington, at the Public Hearings regarding population control, we find a strange picture emerging. Only statements of those in favor of population control are entered into the record. To add to this strange situation, statements of the same people are repeated from hearing to hearing like a broken record. The amazing thing is that this situation is being accepted without any apparent question or concern by the Representatives. We know there is opposition—this opposition is extensive and comes from practically every part of the country. Why does it not come to the surface? Is it being deliberately suppressed? If so, by whom and why?

According to these planners, there is one easy solution to all the problems of the world and that one solution is "Don't Have Babies". If the air you breathe is dirty, the answer is "Don't Have Babies". If the water is murky and poisonous, the answer is "Don't Have Babies". If a man needs a job, the answer is "Don't have Babies". If a man is hungry, the answer is "Don't Have Babies". If there is traffic-congestion, the answer is "Don't Have Babies", etc., etc. We cannot help but be reminded of the old medicine man with his bottle of mysterious liquid which was a guaranteed "cure all" for human ills.

In the meantime what is happening to the foundation of society, the family, when the anti-life, anti-baby, anti-moral forces are permitted, without restraint, to pollute the minds of the people; when the power and the prestige and wealth of the richest nation in the world are used to promote the negative anti-life philosophy of people control planners.

Parents across this country are vigorously opposed to population control programs particularly when in the process the government would be setting an immoral, sexually permissive standard of behaviour for every citizen in the land. The need for protection and defense against government population control is obvious because of the rapidly progressively perverse legislation that results when such programs are initiated. England is a prime example of what can and has happened and what we don't want to happen here. By utilizing the modern communications media, the propaganda machine has been able to accomplish in a few short years in England what used to take 20 or more years to accomplish. Just a little over 5 years ago, their government launched a massive contraceptive birth control program available to everyone, married and unmarried. The people were led to believe that making contraceptives available to the unwed would cut down on illegitimate births and illegal abortions. Has this been accomplished? The answer is No! Illegitimacy has increased and sadly enough it has more than tripled in the 13-15 year old age group. In less than two years abortion was legalized in order to take care of the contraceptive failure and again, ostensibly, to cut down on the number of illegal abortions. The result? Illegal abortions have not decreased and since April, 1968, more than 1300 abortions were performed on girls under 15 years of age—in the first three months of 1970, 391 girls under 16 years of age were aborted. The increased rate of illegitimate pregnancies being aborted become so acute in Britain recently that a leading gynecologist, Sir Dugald Baird, issued a warning to the Royal Society of Health stating that Britain has moved into a "new moral pattern of pre-marital experience and experimentation". However, this serious increase in immorality does not deter the population planners who, in order to balance population, think in terms not only of birth control but also death control, so before the ink was dry on the abortion law (passed in April 1968), a law was introduced to legalize euthanasia, the killing of the chronically ill or aged. The bill was defeated, but only by 11 votes, and recent reports state that there is high hope of passage this time around in Parliament.

Meanwhile, there are population planners who wish to go much further in controlling population—they wish to control not only the numbers of people but also the "quality" of people. Dr. Francis Crick, Nobel Prize Winner, says that "all men are not born equal" biologically. Therefore a law should be passed in Britain to declare that a new born baby should not be considered legally alive until it

is two days old. He said we must get rid of our Christian pre-conceptions regarding the sacredness of all human life; that in order to have a "quality" population, "babies should have to pass an acceptance test". Such a law would, of course, permit infanticide, the murder of the new born infant if it should be defective or for whatever reason the government or parent would find convenient. Doesn't that sound familiar? The big push for government contraceptive programs, sterilization, abortion and euthanasia in our own country is being touted and prompted either as a convenience to the mother or for the good of the state.

At this point, you are wondering how can the government and the propaganda machine lead a people down the primrose path to run the gamut from "a little bit of birth control for the poor" to murder of the unborn, the newly born infant, to killing the members of society no longer of contributing value to the state? First of all, the laws governing moral behaviour are either liberalized or completely removed from the books making immorality socially and legally acceptable. Then, the laws based on Judeo-Christian concepts, the Ten Commandments, are replaced with laws based solely on a scientific-humanistic philosophy which looks upon man merely as a higher grade, more intelligent animal to be manipulated at will for whatever purpose is expedient. Secondly, instead of the government functioning in its proper role and duty to protect the right of life of all its citizens as well as the right to transmit life, by removing laws based on the Ten Commandments from the books, the government is permitted to decide who shall live and who shall die, who shall be born and who shall not be born. Putting it simply, fornication, adultery, sex perversion, sterilization, voiding our marriage statutes, abortion upon demand, euthanasia and infanticide become the law of the land.

Who and what are these forces hell-bent on polluting the minds and morals of our young people by turning them away from decent moral standards, turning them away from the moral values—the Judeo-Christian concepts? Who are they who would provide our youth with birth control devices rather than character building self-control, who would provide penicillin to heal the physical sores of V.D. rather than provide moral training and who would provide abortion rather than a spiritual and moral sense of responsibility for their actions?

Now let's take a good look at the record of what has happened and is happening in the Legislative halls of our own government. We see that what began as "a little bit of birth control for the poor" under the anti-Poverty Act has now mushroomed in a few short years into a billion dollar government population control bill via contraception, sterilization and abortion. With fornication and adultery being seriously proposed by our government as a standard for the American people and with infanticide and euthanasia hovering in the background under the guise of "quality of life", we ask you not only to vote against this bill but rather vote only for positive and constructive measures. As an example of the kind of positive and constructive legislation that is in keeping with the American tradition of protection of life and protection of the right to transmit life, we offer for the record a sample of bills introduced in the Wisconsin Legislature. These bills serve to counteract the negative anti-life and anti-family forces that have been unleashed across this country by protecting life from the moment of conception until that moment when God who is the Author of life, terminates it.

Thank you.

Mr. KYROS. Msgr. Alphonse S. Popek from Milwaukee.

#### STATEMENT OF MSGR. ALPHONSE S. POPEK, MILWAUKEE, WIS.

Monsignor POPEK. I make the same statement as Mrs. Emmons, regretting that I could not make a personal appearance today because I have come all this way. I do not have unlimited finances or the time to make another trip to Washington, D.C.

Mr. KYROS. Monsignor, do you have a written statement?

Monsignor POPEK. I do have a written statement. However, all written statements have less psychological effect. Certainly my statement being in a refreshing way a moral statement, it is something altogether different from what has been heard in this chamber during the

2 days. Being, of course, an opponent to the proposal, I would prefer a personal appearance.

Mr. KYROS. Well, I tell you this, Monsignor. I have been on this committee 4 years now. As far as I know we have always tried to make the committee, on legislation, open to proponents and opponents. I cannot control all of the time and neither can the clerk of the committee nor the chairman. I would like to have been able to meet this afternoon but there has been objection because there is important legislation on the floor of the House. We will be here on Friday morning at 10 o'clock I am sure—and perhaps we might be on this same subject even after Friday morning at 10 o'clock, August 7.

In any event, you can certainly submit your statement and it will be included in the record.

Monsignor POPEK. The democratic process is not balanced well enough.

Mr. KYROS. Well, as far as I am concerned, this committee is open for anyone at any time but we must schedule the work of the committee and I do not have control over that.

Monsignor POPEK. I will return to make a statement on Friday.

Mr. KYROS. Dr. John Brennan of Milwaukee.

Monsignor POPEK. He is not here.

Mr. KYROS. Mrs. Jane C. Browne.

Mrs. BROWNE. I am here and I would like to testify on Friday.

Mr. KYROS. All right. That will be Friday at 10 o'clock.

Mr. Brad Evans from Washington, D.C.

Mr. EVANS. I will testify Friday, Mr. Chairman.

Mr. KYROS. All right.

Dr. Connell, will you be here on Friday?

Dr. CONNELL. Yes.

Mr. KYROS. So, those of you who cannot be here on Friday, please submit your statements and we will include them as part of the record. Thank you very much.

This committee will now adjourn until Friday morning at 10 a.m., August 7.

(Whereupon, at 12:35 p.m., the hearing was adjourned to reconvene at 10 a.m., Friday, August 7, 1970.)

## FAMILY PLANNING SERVICES

FRIDAY, AUGUST 7, 1970

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON PUBLIC HEALTH AND WELFARE,  
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 10 a.m., in room 2123, Rayburn House Office Building, Hon. Paul G. Rogers presiding (Hon. John Jarman, chairman).

Mr. ROGERS. The subcommittee will come to order, please, to continue our hearings on legislation for family planning.

I would like to read into the record a letter we have just received from the mayor of the city of New Orleans to the chairman, Hon. John Jarman:

CITY OF NEW ORLEANS,  
OFFICE OF THE MAYOR,  
*August 4, 1970.*

HON. JOHN JARMAN,  
*Chairman, House Subcommittee on Public Health,  
House Office Building,  
Washington, D.C.*

DEAR SIR: I hope that you will give support and high priority to Senate Bill 2108, which I understand the Subcommittee on Health of the Interstate and Foreign Commerce Committee will be considering on August 4 and 5.

The people of the City of New Orleans have, through a cooperative effort, given national leadership to the development of a maternal health program which has as one of its major components family planning. Through this program, family planning services are available to the entire economically disadvantaged population. The New Orleans program has been developed in a manner to foster the integrity of the family and the opportunity for each child, to guarantee the right of the family to freely determine the number and spacing of its children on a voluntary basis, and to extend family planning services to all who desire such services.

We have been able to develop a system of maternal health care for our entire disadvantaged population. Ninety-nine percent of our births occur in the hospital setting under adequate supervision and mothers receive health care after they have delivered their babies. In addition, mothers receive family planning information, advice and services. Through an annual check-up, mothers receive not only continuous health supervision but family planning services and cancer detection. Infertility services are available for those who cannot have the number of children they desire. Thus, we have been able to develop and coordinate our resources and facilities to build a better system for the delivery of health care. We feel that this system can be enhanced to offer high quality health care to all of the children in the City of New Orleans.

The response of our people to the family planning program can be measured by the large number of families participating. The New Orleans program has served 25,000 families during the past three years. During the first two years of operation, 65% of the participants were 29 years of age or younger. Also, it is estimated that over 80% of the 20-24 year age group among the economically disadvantaged were participating in the program. This data indicates that fam-

ily planning programs adequately designed are capable of reaching families at a critical time in the reproductive age period.

The acceptance of the New Orleans program indicates a very strong motivation and desire for family planning services among the lower socio-economic population. These families, with the perception of their own life condition, recognize clearly that unless they have the power to control their own reproduction, they do not have the power to control their own destiny or that of their children.

Family planning is a vital health measure. It is an important factor to the reduction of infant deaths, mental retardation, premature births, problems of pregnancy, and to the management of many other family health problems. Our evaluation indicates that family planning is necessary in order to achieve our goals of decreasing many of these problems which exist in our city.

As a result of the high rate of patient acceptance in our program during the past three years and our intention to expand and strengthen these services, New Orleans could be one of the first major metropolitan areas to achieve major improvements in these vital health indices. Favorable action on Senate Bill 2108 would allow an extension of our New Orleans model to families in the entire nation.

Sincerely yours,

MOON LANDRIEU, *Mayor.*

I think it is interesting to know that New Orleans has had such a very active program.

The first witness today is Dr. Elizabeth B. Connell, College of Physicians and Surgeons, Columbia University, New York, N.Y.

Dr. Connell, the Committee welcomes you and we will be pleased to receive your testimony at this time.

**STATEMENT OF DR. ELIZABETH B. CONNELL, ASSOCIATE PROFESSOR,  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, AND DIRECTOR  
OF RESEARCH AND DEVELOPMENT, FAMILY PLANNING SERVICES,  
INTERNATIONAL INSTITUTE FOR THE STUDY OF HUMAN  
REPRODUCTION, COLLEGE OF PHYSICIANS AND SURGEONS,  
COLUMBIA UNIVERSITY**

Dr. CONNELL. I wish to thank you very much for this opportunity to appear before you, Mr. Chairman. I am Dr. Elizabeth Connell, associate professor of the obstetrics and gynecology and director of research and development, Family Planning Services, at the International Institute for the Study of Human Reproduction, College of Physicians & Surgeons, Columbia University, New York City. I began the practice of medicine as a general practitioner in a small town in Maine, and I later became a specialist in obstetrics and gynecology in New York City. In 1964 I opened, and for 6 years worked to develop, a family planning clinic in Spanish Harlem. I, therefore, believe that I can say to you with the authority of long and diversified experience that family planning is a vitally important health service. It unfortunately, is a service that has not been readily available to most low-income women in this country. It is a service which relies upon and desperately needs more and better trained personnel. It is a service that is seriously hampered not only by the lack of sufficient operating funds but also by the current primitive state of contraceptive technology. All of these problems which confront us daily would be substantially effected by the passage of the Population and Family Planning Act.

The many health benefits of family planning services have been well known to those of us in the field for some time but ignored by many public health agencies until very recently. We know that there is a direct relationship between infant mortality and other adverse outcomes of pregnancy on one hand, and high parity and short intervals between births on the other. The incidence of infant mortality, prematurity, mental retardation, congenital malformations and brain damage rises alarmingly among fourth and subsequent births. They are also far more frequent in births to older women and among first births to girls in their teens. The incidence of infant mortality increases considerably when births occur at too short intervals and all of these relationships are compounded and worsened when too many pregnancies occur too rapidly to impoverished women whose health has already suffered from poor living conditions, malnutrition, and inadequate medical care. I was very happy to see that on the list of witnesses this morning are members of the New York City community who know, unfortunately, along with me only too well the problems in this area that we all face together.

Many studies have shown, too, that it is the poor who have the least access to all medical services in general and to family planning services in particular. A great majority of the poor are not seen by private physicians but must rely upon publicly supported health providers, and usually see doctors only in crisis situations. Preventive medical care is rarely available to them and family planning services, until very recently, were almost nonexistent. Fewer than half of the counties in the United States offered subsidized medical family planning services in fiscal year 1968. There were over 4,000 nonprofit general-care hospitals which reported births, but only 435 of them provided any contraceptive services.

From my own personal experience I can assure you that when family planning is readily available and humanely offered, it is eagerly accepted and used by low-income women. When I first opened a family planning clinic in a ghetto in New York City in 1964, services were available only 2 hours a week and I constituted the entire staff. The needs and demands were so great, however, that the clinic grew rapidly and, at the end of 6 years, was open 5 days a week and had a staff of over 30 people. Many of the staff were paraprofessional workers whom I personally trained. These men and women were vitally important to the educational, clinical, and administrative operation of the clinic, and to the ancillary in-hospital and community outreach programs.

Despite the obviously enthusiastic use of this clinic, it was a constant struggle to achieve adequate financing. Although freedom had been granted to offer contraceptive services, the financial means and personnel had not been similarly freed. Much of my time, as clinic director, was spent in the pursuit of funds. I was constantly forced to seek multiple grants from pharmaceutical houses and other private sources. Since contraception was recognized as an essential medical service it always seemed to me that support should have been granted on as firm a basis as it was to other medical services.

As a pragmatist, it has always remained a great mystery to me that, recognizing the health benefits to be derived from these programs, seeing the eagerness with which women accepted the services,

and knowing the many other advantages which they have derived from them, public funds have been so consistently lacking. Federal funds have fortunately increased in the past few years but they have never been adequate to meet the demands of the many competing agencies or to serve anything but a fraction of the 5.4 million American women known to be in need of contraceptive care. The bill before you is the first piece of legislation that proposes anywhere near enough money for services, research and training to come close to meeting the total need. We have struggled very hard in the past to help these women but have always been frustrated by our many seemingly insurmountable problems.

Mr. Chairman, I believe that in a very real sense family planning transcends our ordinary, somewhat narrow, definition of health service and becomes a basic and an essential human right. Surely no one here would deny the right of every woman to determine according to the dictates of her own conscience, the number of children she will bear and when she will bear them. And yet, this right is effectively denied to many poor women who do not have access to family planning services. In a larger sense it is denied to all women, regardless of income and status because of the current imperfect state of contraceptive technology.

As a physician who began practice before the advent of moderately effective and reliable contraceptives, I am constantly aware of the immense difference it has made to the lives of women, their families, and to society as a whole. The look of horror on the face of a 12-year-old girl when you confirm her fears of pregnancy, the sound of women's voice cursing her newborn and unwanted child as she lies on the delivery table, the helpless feeling that comes over you as you watch women die following criminal abortion, the hideous responsibility of informing a husband and children that their wife and mother has just died in childbirth—all these situations are deeply engraved in my memory, never to be forgotten. With the advent of more effective means of contraception, the recurrence of these nightmares is becoming blessedly less frequent. However, we physicians fully recognize that although vast strides have been made in recent years, the perfect contraceptive is not yet within our grasp nor will it be in the immediately foreseeable future without greatly increased research efforts.

I would like to consider very briefly with you the current imperfect status of the methods which we as clinicians have at our disposal today. First of all, the most effective means we have available—the oral contraceptives—have come under increasing attack in the past several months. The Food and Drug Administration's Advisory Committee on Obstetrics and Gynecology reported last year that there is a cause and effect relationship between the use of oral contraceptives and the incidence of thromboembolism. In addition, the committee strongly urged additional research into possible metabolic, carcinogenic, and other side effects of oral contraceptives.

In a series of hearings before the Monopoly Subcommittee of the Senate Small Business Committee earlier this year, numerous witnesses testified on problems that may be related to use of these drugs. The medical profession has been aware of these potential problems

for some time and has not prescribed oral contraceptives for certain women. Now, widespread public concern has even further discouraged use of the pill by all women both here and abroad.

No one with wide experience feels that, at this moment, an alternate method or combination of methods of contraception exists which can immediately and completely replace the oral contraceptive. We discovered long ago that to be most effective, contraception should be removed from the act of intercourse. For this reason condoms, diaphragms, and intravaginal preparations are of limited overall effectiveness. In addition, there are too many failures associated with the use of these agents. For example, pregnancy rates among users of diaphragms are 10 to 30 times higher than among users of oral contraceptives.

The intrauterine device has the advantage, as does the pill, of being removed from the act of intercourse but it has its own set of problems. Pregnancy rates among women who use IUD's are from two to four times higher than among women who take the pill. There have been some incidents of infection and perforation of the uterus and even occasional deaths in women using these devices. Many women who have not borne children are unable to tolerate IUD's. Many women who have been pregnant are also troubled by pain and bleeding and some expel the device.

Those who limit their interest in this field to the manipulation of statistics may not be overly concerned by the failure rates and the incidence of side effects. However, to those of us who care for, and particularly care about the woman who must bear an unwanted child, we see failure as tragic both to her and certainly to her child. To the woman hospitalized because of a reaction to the pill or IUD, side effects are real and may be horrendous. I remember so clearly the young woman who challenged a witness at the Nelson hearings. He had described most contraceptive side effects as temporary and minor. She demanded to know why women should have to suffer any side effects, any discomfort or any illness in their attempts to avoid bearing unwanted babies. As a woman, a mother, and a physician, I can only echo and amplify her plea.

Almost without exception, every witness who appeared at the Nelson hearings commented on the paucity of Federal funds available for highly necessary contraceptive research. Efforts in this field have long been supported almost exclusively by private foundations and pharmaceutical companies. Those sources of funds have reached their peak and are still woefully inadequate. Additional Federal funds are absolutely essential. The lack of them is economically foolish and philosophically indefensible. At the present time the majority of family planning patients request one of the two most effective methods available—either the oral contraceptive or the IUD. However, our concern as physicians with the use of these modalities makes it necessary to have the women who use them return to the clinic at least every 6 months. The cost of providing proper and continued care is, therefore, necessarily large. The current lack of adequate funds is also philosophically unjustifiable if the right of each family to limit and space children and the consequences of population growth are truly important matters of public policy as President Nixon has stated. The time has now come, I believe, for the Federal Government to match its

avowed commitment with meaningful programs, funds and administrative structure. The legislation before you is a first and a most vital step in that direction.

I would, therefore, most sincerely and urgently ask you to act quickly and positively on this legislation. Its passage would be of immeasurable help both to those of us in the medical profession and to the millions of women whom we seek to serve safely and effectively.

Thank you.

Mr. ROGERS. Thank you very much, Doctor, for your fine statement.

I am glad to know that you are from Maine because one of our most distinguished members on this committee is from the State of Maine.

Dr. CONNELL. He is most fortunate. It is a beautiful State.

Mr. ROGERS. Any questions, Mr. Kyros?

Mr. KYROS. Thank you, Mr. Chairman.

Dr. Connell, I certainly would like to welcome you to the committee. What was the small town you practiced in?

Dr. CONNELL. I practiced in Blue Hill, which is a lovely metropolis of somewhat less than a thousand individuals.

Mr. KYROS. I have only a few questions. Dr. Connell, you talk about the Federal Government now making its commitment in funds to what President Nixon announced in this field, but this bill that is before us, the Senate bill, a 5-year program, would cost nearly a billion dollars. Do you not think that is an awful lot of money to put in a brand-new program at a time when our budget is so tight?

Dr. CONNELL. Of course, I think that perhaps you see this as a brand-new program legislatively. However, I see it personally as a very necessary extension of what we have been attempting to do under very, very difficult circumstances for quite some period of time.

I think we have to admit that the present quality of life is not precisely what any of us would like to see it. Living in New York City, simply looking around and breathing, one is aware of the fact that we have many, many unsolved problems. When you begin to work in any social or medical field, it is very difficult to touch a problem, I think, which is not in some way related to the difficulties of overpopulation and pollution. So, that although this is a great deal of money, I also look at the money which perhaps might not have to be spent if these funds were legislated.

I think the peripheral costs of not spending this money now aside from the humane aspects which to me are of primary importance, would far outweigh on a purely fiscal basis any cost that this program would incur. It to me is irrational not to spend this money now and then ultimately to have to spend much more. In addition, it would be difficult to estimate the cost that failure to pass this legislation, in terms of human misery, would induce. So, I do not think that this is a great deal of money under the existing circumstances and I do not feel that this is a totally new program.

Mr. KYROS. Are you not, as a mother and a physician, afraid perhaps that if the Government has such a program as this it will not use this legislation only to give the people a choice or an access to information but it might begin to dictate how many children a family may have or when they may have them? Does that give you any concern?

Dr. CONNELL. May I answer this in the frame of reference in which you posed it? As a mother, I think having babies is marvelous. I hap-

pen to have six. I am not against having babies. However, I had my six babies when I wanted them. I had my career. I had the number of children that I wanted and I had them when I wanted them. I love my children. They know they are loved. This is not the same situation as a woman who has her sixth child but did not want any past the second and did not have the opportunity, as I had, to have them when they were appropriate. I would like to discuss the second part of your question as a physician. Here we are dealing in the area of voluntarism versus coercion.

Mr. ROGERS. Would the gentleman yield just a moment?

Mr. KYROS. Surely.

Mr. ROGERS. It is my understanding there is no proposal for coercion at all in this program. It is completely voluntary.

Dr. CONNELL. This is the point I wanted to deal with, if I may, from the point of view of a physician. It is extremely difficult to keep women from getting pregnant even when they desire not to be, as you well know, with the methods that we have available right now. I do not see how any woman could be coerced into taking pills every day when she doesn't want to or into accepting an unwanted IUD short of brute force. Therefore, I can not see how this bill presents any problem in terms of the concept of voluntarism. I think it can only offer support to those who want to plan their families. I do not see that this legislation poses any danger at the present time.

Mr. KYROS. You are talking actually, Dr. Connell, about making birth control devices and services available generally to everyone. Do you see any sort of moral question here, discussion that this would cause a possible lowering of the moral standards in the United States?

Dr. CONNELL. I must state that having practiced in many areas with many types of patients I do not see that this law would ever pose a moral problem. No woman, no girl would be forced by any legislation that I can see in this bill to accept contraception against her will or to further her own sexual experiences. I see nothing here that would change any behavior patterns in the direction of lowering personal standards.

I would grant that many things that we see, the battered child, the illegitimate children you have heard so much about, are part and parcel of our world today. However, until we can solve these complex problems I see no advantage in forcing these women to have unwanted babies. That simply compounds their problems that much further.

So, I think in the broader sense again you are helping individuals to cope with their overall life problems which are tremendous.

Mr. KYROS. To become quite parochial, what if these services were available? What would they do for my own State of Maine, your State of Maine?

Dr. CONNELL. I offered a lot of contraceptive services in Maine, many of them at no cost to the patients. If this bill were passed, I think you would have enabling legislation to encourage physicians first of all, to offer these services. You would encourage patients who perhaps had no funds with which to pay for their medical care, to avail themselves of these services which they want and need, and I think by the very act of your being behind this legislation, you would give dignity

to an area which perhaps has not had sufficient dignity up to the present time.

Mr. KYROS. Thank you very much.

Mr. ROGERS. Dr. Carter.

Mr. CARTER. Thank you, Mr. Chairman. I was interested in the letter the very distinguished chairman read concerning the birth control program, family planning program in New Orleans. Actually, throughout the country we do have some fairly effective programs, not as wide and diverse as we should have, OEO has made some steps in this area, as perhaps you know. And in one small county I know of, which county has only 7,000 people, 300 women have been involved in birth control or family planning project in that area. This project has been funded again. I think it is extremely helpful. Of course, to use the pill and IUD does cause some trouble and we all hope for a perfect method. To get the advantages of family planning, of course, people must undergo, well, some difficulty which is always attendant thereto. I would hope for a perfect method, but how many things do we see in life which are completely perfect?

Dr. CONNELL. Doctor, I do not believe that we expect a perfect method overnight but we would like to see progress being made toward better methods, as I am sure you would also—

Mr. CARTER. Certainly.

Dr. CONNELL (continuing). Than those which we have available at the moment.

Mr. CARTER. I certainly would. I should certainly like to see a perfect method develop. I do not know whether that will ever be. I doubt it because we see perfection in such few things in life anyway.

I was interested in paragraph 1 on page 6 of your testimony in which you say that—you talk about the lady, I believe, on page 5, who cursed her children or her unborn child. You know, I think that is the unusual thing. Some way or other almost every mother who gives birth to a child loves that child the moment it is born with an undying, unremitting love. It has been my fortune to deliver thousands of youngsters, and I think that statement is perhaps just a little bit on the unusual side. It may occur, but in the 27 years I was in practice, I do not believe I ever heard a mother curse an unborn child. And I hope I never do.

Now, again, you must admit that there are other things that may occur. One thing I fear is an increase in promiscuity. I think that does occur and will occur—we might as well be truthful about these things—with the increased use of the pill or intrauterine devices. Do you not admit this is true?

Dr. CONNELL. I am afraid I am still a little uncertain about which is the chicken and which is the egg. When we see youngsters, 11, 12, 13 years old asking for contraceptive help, this is not in planned anticipation of promiscuity. This is an after-the-fact situation where they have established their sexuality and are now attempting to deal with it. I think under the provisions of this bill we would have a capability of offering them services far above and beyond contraceptive services. We would have the opportunity also to attempt to teach them how to deal with their sexuality.

Mr. CARTER. How would you deal with a 13-year-old, say 7 months pregnant?

Dr. CONNELL. I think you have 2 to 3 months in which to attempt to deal with her emotional problems, her social problems, her legal problems, to discuss with her why perhaps she is pregnant out of wedlock, the motivation toward this, discuss with her the advantages of not repeating this pattern which as you know, is almost 100 percent recurrent without good total care during the first pregnancy. I think you have an opportunity to offer this child tremendous service during the time that you are taking care of her pregnancy.

Mr. CARTER. Would you terminate her pregnancy?

Dr. CONNELL. Not in the 7th month, no. But I would also not want to see her back 5 months later pregnant again.

Mr. CARTER. I am glad to hear you say that, that you would not. At what month would you consider termination of her pregnancy?

Dr. CONNELL. I would decide that first in the framework of existing legislation but primarily in the framework of whether she wanted this baby or not. Many of these children want their babies and it is certainly their prerogative to keep them.

Mr. CARTER. I would agree. In the framework of the legislation you have in New York, what does that require you to do—

Dr. CONNELL. As of July—

Mr. CARTER (continuing). With a pregnant 13-year-old, say 6 months pregnant?

Dr. CONNELL. Here, again, I think you are beyond the bounds of easy termination and in all probability the effort would not be made to terminate this pregnancy.

Mr. CARTER. At 6 months you might terminate the youngster?

Dr. CONNELL. No, I said it is unlikely at 6 months.

Mr. CARTER. It is unlikely. I would say—

Dr. CONNELL. I am speaking in terms of the law.

Mr. CARTER. I think perhaps our abortion laws in some instances have been carried too far. I strongly support this legislation but I realize there are drawbacks to it.

Thank you, Mr. Chairman.

Mr. KYROS (presiding). Thank you.

Mr. Preyer, any questions?

Mr. PREYER. Thank you, Mr. Chairman.

Dr. Connell, I notice throughout your testimony that you put quite a bit of emphasis on research and you point out that the existing pill, the contraceptive devices, are not foolproof. I assume that you would agree with Dr. Harper and some of the other witnesses that testified, that we do need funds in the bill for training research people as well as just service people.

Dr. CONNELL. I do, very much so. I think when we look at the current capability of the medical and all allied professions to help these women, we recognize that we must work in many areas to be able to accomplish this. This work involves the use of paraprofessionals, the use of better medical techniques as well as the increased availability of services. It is a many-pronged problem demanding a variety of solutions.

Mr. PREYER. I was interested in your statement on page 3 that, "Much of my time as clinic director was spent in the pursuit of funds." I think that shows real dedication to this work. There are plenty of people in a community that are willing to say, "it would be nice to

have a family planning service, go to it." But when it comes down to the hard work of raising money, they fall by the wayside.

Dr. CONNELL. I am happy to say I represent only one of a large group of such physicians who felt that this work was important enough to spend our time in this effort.

Mr. PREYER. Well, I certainly commend you for doing that, because that is hard work. And to raise six children and be a physician and to raise money, too, that shows real dedication.

Dr. CONNELL. It was a delight, I can assure you.

Mr. PREYER. Thank you, Dr. Connell.

Mr. KYROS. Thank you, Mr. Preyer.

Dr. Connell, we want to thank you for taking the time to come here and testify for us.

Dr. CONNELL. Thank you for inviting me.

Mr. KYROS. Our next witness will be Msgr. Alphonse S. Popek, Milwaukee, Wis.

#### **STATEMENT OF MSGR. ALPHONSE S. POPEK, MILWAUKEE, WIS.**

Mr. KYROS. Monsignor Popek, do you have a prepared statement?

Monsignor POPEK. Yes.

Mr. KYROS. If you wish, you may follow it. We will include the entire statement in the record and you may paraphrase from your statement, if you wish, and then we could ask questions.

Monsignor POPEK. Honorable Chairman and members of the Public Health and Welfare Subcommittee, my name is Alphonse S. Popek. I come from Milwaukee. I am a Catholic priest. I have a doctorate in Canon Law received from Catholic University in this city. I taught the subject of Canon Law, especially matrimonial law, for 16 years, in our seminary. I was defender of the marriage bond in the Catholic marriage court and have for the last 4 years been judge in the same court.

It would be an understatement to declare that I welcome this opportunity to address this august body. I have been present at the hearings on Monday and Tuesday of this week to hear only proponents of H.R. 15159 (S. 2108), without any voice large enough raised in protest to the passage of this horrendous bill. One solitary voice, that of a Wisconsin woman, was heard in opposition to the massive presentation made by witnesses in support of H.R. 15159 (S. 2108). I declared publicly on Tuesday that I would return to make this presentation and bring a bit of fresh air into the suffocating stench of death, permeating this chamber, by upholding the basic religious and moral principles upon which this country's Constitution and Bill of Rights are based.

#### **SEPARATION OF CHURCH AND STATE**

I firmly uphold the principle of the separation of church and state. Our country has made great strides precisely because this principle has been respected. Even though this is my firm belief, I am not so obtuse as to be convinced that there are no areas in which church and state cannot fully cooperate in such matters as deal with the welfare of citizenry of this country. It would be fatal if the church and state were in such compartmentalized structures as to deny that a human

being is a composite of body and soul having both spiritual and material needs. In our highly pluralistic society it would be far better if the principle were rephrased to read: "There shall be separation between the churches and the state" inasmuch as there is fragmentation in religious conviction and the factual reality that each of the 50 States though sovereign make up the Union.

I deny that the principle of separation of church and state means the separation of "religion from life." It is my fear that too often, people, in high and low places, use the argument of separation of church and state at an excuse when they actually wish to remove God from the affairs of men. H.R. 15159 (S. 2108) is permeated in its entirety with the fallacious equivocation of removing religious and moral principles from human behavior under the guise of separation of church and state. The bill is totally humanistic and materialistic, if not agnostic and atheistic, in concept and content.

#### THE UNITED STATES AND THE NUREMBURG TRIALS

The Nuremburg trials declared to the world in their judicial procedure and judicial sentences that "no government can play God" through an inhuman and unjust "death control policy" in which undesirable, nonquality people can be eliminated without due process of law to provide and maintain quality people. The citizens of the United States spoke at the Nuremburg trials through the official representatives of our Government. This was done not only to prove that we were shocked at "man's inhumanity to man" as demonstrated in the Nazi atrocities but that we, as a people, do unequivocally affirm that human life is sacred because it is a God-given and God-controlled gift. As a Catholic, a Catholic priest, a Judaeo-Christian, together with thousands upon thousands of fellow Catholics and Judaeo-Christians who believe in the sacredness of human life and the sacredness of the transmission of human life, so nobly and strongly defended by Pope Paul VI in his immortal Encyclical, *Humanae Vitae*, I must raise my voice to be heard, lest I play the role of hypocrite.

The Nuremburg trials set the international and supranational precedent, in accord with Judaeo-Christian principles, that the citizenry of the United States believes that no nation or people, no combination of political and secular powers, can dare "play God" in the area of human life sacred from the very first moment of its conception to the very last moment of its termination. Our national and public image is at stake in this bill. How can we turn our backs on the Judaeo-Christian philosophy evidenced in the Nuremburg trials without becoming hypocrites in the eyes of the rest of the world by now reversing our official stance in the matter of reverence for human life?

#### HISTORY REPEATS ITSELF

There are those, in our own midst, who naively think that history cannot repeat itself, and what happened in the concentration camps of Dachau and Auschwitz cannot happen here. To those, in our country, who find it an "exciting age" and are blinded by the fast-moving materialistic, humanistic, agnostic, atheistic, surreptitious attack on the sacredness of human life and the transmission of human life, allow

me to point out that it is already happening here. It is my firm conviction that the bill under consideration is the key which will unlock a Pandora's box. There are over 40 legal proposals before the 91st Congress of these United States, similar to the present bill. Each sophistically tampers with the possible, even probable, conception of human life and the elimination of human life after it has begun. Does the present bill propose "only a little bit of birth control?" In the mystique of its wording it proposes "a little bit of abortion" as well. It can be scientifically proven that "the pill" and the intrauterine devices, planned for widespread distribution in this bill, are not merely contraceptive but abortifacient. Who shall get the counseling, "the pill," the IUD? The bill states that all women, without distinction, whether they be married or unmarried without any determination of age will be provided their availability.

Wisconsin alone has not liberalized its birth control law to accommodate itself to the permissive, immoral, legal philosophy delineated in the American Law Institutes' Model Penal Code adopted in 1959. This fact should show that the trend, in these United States is morally downward. Sixteen States have already adopted "abortion-on-demand" statutes; five States are now awaiting U.S. Supreme Court interpretation on the constitutionality of their therapeutic abortion statutes. If any of you have read William Golding's "Lord of the Flies," you will recall how the choirboys turned barbaric in a very short time because they were without religious and moral leadership; they moved from the premise of killing an animal for survival to one of killing another human being for pleasure, the while, screaming "kill the pig, kill the pig!" In a word, the theme song of "The Lord of Flies," "kill kill, kill," is now being chanted throughout this land. Once the bill under consideration changes its status from a proposed bill into a Federal law, the U.S. Government will inevitably play God. The horrendous Hitlerian experiment, to propagate his super-race, will be repeated—life will become the cheapest commodity because Federal legal pressure will replace the Judaeo-Christian reverence for human life and its transmission as well as its continuance. Before long "life control" and "death control" within each State of the Union will fall before the monstrous sovereign dictatorship of the Federal Government, in spite of the repeated assurance in the proposed bill that the entire program of elimination of life will be on a voluntary basis.

Mr. KYROS. Just a moment, Monsignor. You say the monstrous sovereign dictatorship. Of what federal government?

Monsignor POPEK. Our present Government.

Mr. KYROS. Our Government is not a dictatorship.

Monsignor POPEK. But it is moving by philosophy into that area and by factual reality.

Mr. KYROS. What factual reality?

Monsignor POPEK. The witnesses we have heard all along have been telling us that they are already involved in this area of the elimination of life and all that they want now is enabling legislation for what is factually being done.

Mr. KYROS. But you as a man trained in religion and philosophy of government would not call our Federal Government a dictatorship.

Monsignor POPEK. Not at the moment. But we are projecting this into the future.

Mr. KYROS. Monsignor, feel free, if you wish, to paraphrase part of this because I am sure the colloquy between you and the members of the committee might be interesting also. So, feel free to paraphrase because we will make your entire statement a part of the record.

#### THE TOTAL PICTURE

Monsignor POPEK. Monday, you heard a Wisconsin woman outline the total picture of Government-sponsored and Government-funded population control as beginning "with a little bit of birth control" and inevitably moving on "through abortion to sterilization, infanticide, and euthanasia."

Hail Britannia! We keep saying that our country has declared its independence from Great Britain in 1776—yet astute historians can show that our mores are dictated precedentially by the legal dispositions of that morally deteriorating empire.

Mr. KYROS. In what instance? How does the English empire—

Monsignor POPEK. The English Government has already moved from legalized contraception and abortion to the legalization of any number of perversions in the moral order.

Mr. KYROS. Proceed.

Monsignor POPEK. There is blessing and benediction being given to homosexuality, et cetera.

Mr. KYROS. But you think that these are instances where the English people are imposing their—

Monsignor POPEK. I have made a distinction, not the English people, the English Government by legal arrangement.

Mr. KYROS. How?

Monsignor POPEK. The law shows it.

Mr. KYROS. Well, are we copying their laws?

Monsignor POPEK. I would say so.

Cahal Daly, in his book "Morals, Law and Life," clearly tells us about this unholy concatenation in England. Charles Rice, in his work, "The Vanishing Right To Live," predicts the same progressive advance from one moral evil to another in these United States unless it is checked. Contraception prevents a life from ever existing. If life is to be eliminated, and for some reason the artificial contraceptive methods fail, then abortion is next. Abortion removes more certainly the undesirable life already begun. Should abortion on demand prove inadequate, sterilization of both male and female will provide even greater certainty that no life can be transmitted. Thus, the life and death cycle will be controlled by Government—now the door is open to a decision as to when life may be terminated—infanticide at one end and euthanasia at the other end will be the complete picture of population decline. All this to save the taxpayer money in his right pocket as his money will be taken from his left pocket to pay for the cure of ever-increasing venereal disease.

#### SMOKESCREENS

Pollution, though existent, is the convenient smokescreen for the sinister business of eliminating people. "People cause pollution—pol-

lution is bad—therefore, eliminate people.” Which people? All people? It seems that nonquality people are the transgressors. But who is to identify these nonquality people? Does it not seem that the present bill provides for Government working through its highest and lowest departments and through funding of individual and private agencies to make the final determination? Little people do cause pollution, yet there are many vested interests in this country which cause even greater and more serious physical pollution and some of these interests are known and some are yet to be determined. All must be stopped by every technological and scientific effort before human life is to be snuffed out at any point along the spectrum of existence. My concern relates to the removal of truly dangerous pollutants which would not only contaminate the clear streams of morality, the pure air of religious freedom, but the human rights of life, liberty, and the pursuit of happiness.

Overpopulation is a myth. It, too, is used as a smokescreen for the purpose of controlling life. The science fiction contained in Paul Ehrlich's book, “The Population Bomb,” postulates that there are too many people in the United States and in the world for adequate distribution of food, water, and air. As a prophet of death, doom, and destruction, he ridicules every honest scientific, technological effort of the improvement in our present environmental condition by stating it will be “too little, cost too much, and too late.” It would seem to me this bill would be the answer to Paul Ehrlich's concern because it involves a mere \$100 million, takes only 5 years, and will eliminate a large number of people. And who is to say that even this amount of money will do the job? Who will agree that the program of people elimination must be an on-going program? Without a doubt—the population planners.

We hear statistics quoted in defense of the position taken in H.R. 15159 (S. 2108) but there are statistics provided by other scientific studies and surveys which negate the Malthusian theory and the estimated number of people. Documentation, in support of this, can be found in such works as Rousas J. Rushdoony's “The Myth of Over-Population”; J. I. Rodale's “The Population Explosion Fallacy”; and Dr. George F. Carter's “Are the Population Experts Running Wild?” Even governmental documentation can show that there is no population explosion in the United States.

#### ATTACK ON RELIGIOUS FREEDOM

The doctrine defended and propagated by the Catholic Church in “*Dignitas Humanae*,” one of the 16 documents of Vatican II, is that the dignity of the human person requires men to exercise religious freedom in fulfilling their duty of worshipping God without coercion on the part of civil government. Religious freedom is now our common heritage in these United States; there is no State religion here. Certainly, the Catholic Church cannot and will not “impose its norms of morality” on all the citizenry of the land—yet, it has the solemn duty, if it be true to its nature and purpose, to remind both people and government that the natural law, the Ten Commandments, and the Gospels declare the mind and will of God who demands reverence for

human life and its transmission from the very first moment of its conception to the very last moment of its termination. The government, in the same way, cannot and must not "impose its norms of immorality" on all the citizenry of the land without regard for the religious freedom of any large or small religious organized segment of its citizens lest government assume the risk of making "irreligion and immorality" the official state religion of the land. The Catholic Church through its official teachers and leaders must do all in its power to dissuade the government from assuming coercive power in matters of religion and morality. The sinister implications throughout the proposed bill would place government in the vulnerable position of attacking not only the Catholic Church but each and every religious sect and denomination through legal pressure to conform to the government-established religion.

#### ATTACK ON FREEDOM OF CONSCIENCE

Something quite independent of religious freedom is the freedom of conscience. The former relates to the relationship between Government and citizen, individually or collectively; the latter relates to the relationship of an individual human being and his God. Once conscience is correctly instructed and properly informed, in keeping with the norms of the natural law, the Decalogue and the Gospels, conscience must be followed by the human being and correlatively given respect by human authority. If the passage of the bill into Federal law violates the dictates of my conscience as a Judaeo-Christian, a Catholic, a Catholic priest, I will be forced to become a religious conscientious objector to the immoral content and implementation of that Federal law. The Government will have denied me freedom to practice the orthodox religious mortal principles of the Catholic Church, will have imposed upon me an "irreligious, immoral religion" violating the free exercise of my correctly formed conscience.

I now ask the serious question: "Can I as a Judaeo-Christian, a Catholic, a Catholic priest, as a religious conscientious objector, morally and legally withhold my share of taxation?" How can I resolve the dilemma of "rendering to God what belongs to God and rendering to Caesar what belongs to Caesar?" Every dollar I contribute, in income tax, property tax, and other forms of taxation, will continue to increase my guilt before God for indirect cooperation with the constant governmental policy of killing off the lives of innocent, defenseless children—the physically handicapped and mentally deficient—eventually the equally defenseless aged men and women. Every tax dollar will make me a partner in the crime of Government-sponsored and Government-funded genocide surreptitiously countenanced by a birth prevention law, which involves me in abortion, in murder. The question I have raised and the dilemma which I will be placed in will be shared by the consciences of not only all Catholics but all Judaeo-Christians in this country. Has not this very same moral and legal issue disturbed the young in our country in the matter of the Vietnam-Cambodia war? Should not this dilemma give pause to all who now desire the passage of the proposed bill into Federal law?

## OFFICIAL TEACHING OF THE CATHOLIC CHURCH

Pope Paul VI, in his encyclical "Humanae Vitae" states:

The Church, calling men back to the observance of the norms of the natural law, as interpreted by their constant doctrine, teaches that each and every marriage act must remain open to the transmission of life \* \* \* Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman. Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible. (*Humanae Vitae*, No. 11, No. 14).

*Gaudium et Spes*, a Vatican II document states:

Relying on these principles, sons of the Church may not undertake methods of regulating procreation which are found blameworthy by the teaching authority of the Church in its unfolding of the divine law. Everyone should be persuaded that human life and the task of transmitting it are not realities bound up with this world alone. Hence they cannot be measured or perceived only in terms of it, but always have a bearing on the eternal destiny of men.

God, the Lord of life has conferred on men the surpassing ministry of safeguarding life—a ministry which must be fulfilled in a manner which is worthy of man. Therefore from the moment of its conception life must be guarded with the greatest care, while abortion and infanticide are unspeakable crimes. (*Gaudium et Spes* 51)

The Catholic Bishops of the United States in the April 22, 1970, statement on abortion said:

Our defense of human life is rooted in the biblical prohibition, "You shall not kill". The question of abortion is a moral problem transcending any particular sectarian approach. Our opposition to abortion derives from our conviction that whatever is opposed to life is a violation of man's inherent rights, a position that has a strong basis in the history of American law. The absence of all legal restraint promotes the acceptance of abortion as a convenient way for a woman to terminate the life of her child and the responsibilities that she has as its mother.

Once we allow the taking of innocent life in the earliest stages of its development for the sake of convenience, how can we logically protect human life at any other point, once that life becomes a burden?

The life of the unborn child is human life. The destruction of any human life is not a private matter, but the concern of every citizen. Safeguarding the life of all men requires safeguarding the life of every individual, for our hold on life itself is only as strong as the weakest link in our system of law. (Catholic Bishops of U.S. Statement on Abortion)

## OTHER RELIGIOUS LEADERS SPEAK

A statement made by leaders of various religious denominations reads as follows:

Men of all creeds hold that life comes from God, the Creator, and belongs exclusively to Him. This exclusive ownership the Almighty has underlined in the commandment, "You shall not kill."

To assume that abortion is not included in this prohibition is antireligious. In this context, expressions such as "invasion of privacy," "urgently needed modification of the law" and "unconstitutional" are irrelevant and misdirected, and simply confuse an issue that is clear as decency.

The public should not let high-powered, clever propaganda isolate certain segments of the religious community as the only opponents to the legalized destruction of the most helpless. And legislators would do well to recall to physicians their obligation to protect and preserve human life, not destroy it at its conception. (Archbishop Iakovos, Head of Greek Orthodox Archdiocese of North and South America; Dr. Norman Vincent Peale, President of Protestant

Council, New York City; Rabbi Julius Neumann, Congregation Zichron Moshe, Manhattan; Rabbi Jehuda Melber, Briarwood Jewish Center, Queens.)

#### APPEAL TO LEGISLATORS

I call upon not only the members of this subcommittee to safeguard the constitutionally enacted and protected right of religious liberty, but upon all citizens of good will within the boundaries of our land, to see the inherent danger of the implications and implementations of H.R. 15159 relative to the freedom of a correctly instructed and properly informed conscience. I call upon all those governing and those governed to support through reverence the God-given and God-protected right to life from the womb to the tomb.

Mr. KYROS. Now, Monsignor, is it not a fact that Pope Paul VI wrote the encyclical on human life. In his encyclical, among other things, first he remarked on, the nobility of life: No one should tamper with it. But he also said in talking with doctors of medicine:

Let them persevere, therefore, in promoting on every occasion the discovery of solutions inspired by faith and right reason, and let them strive to arouse this conviction and this respect in their associates. Let them also consider as their proper professional duty the task of acquiring all the knowledge needed in this delicate sector, so as to be able to give to those married persons who consult with them wise counsel and healthy direction, such as they have a right to expect.

In other words, I understand the Pope to be saying, and as I understand the Conference of Roman Catholic Bishops set up a foundation implemented with \$800,000 with which they would make studies and research into the rhythm method of contraception—if that is what it is called—to see if that would not be used as a possible method.

Now, that is a fact; is it not?

Monsignor POREK. That is a fact, except for your statement that rhythm is a method of contraception.

Mr. KYROS. So, if the Federal Government, through this bill, would do research in regard to the rhythm method, either in temperature or time or however it is done, would you oppose that?

Monsignor POREK. I certainly would not oppose that research.

Mr. KYROS. And you would not—would you oppose family planning services where information is given to those people who desire the information and do not otherwise have access to it through their private physicians?

Monsignor POREK. It would not necessarily have to be a Government-sponsored or Government-funded program.

Mr. KYROS. Well, at the present I think you will agree with me that we do not have the clinics throughout the United States to even give this information about this rhythm method of contraception.

Monsignor POREK. I do not want Government to sponsor rhythm as if it were a method of contraception.

Mr. KYROS. I say we do not have them at all.

Monsignor POREK. Oh, yes, we do.

Mr. KYROS. Would you agree with me that every woman in every part of the United States, as far as the economic position of each is concerned, in other words, poverty, may not have access to this information? I am not directing my remarks totally toward information about the rhythm method of contraception.

Monsignor POPEK. Again I affirm rhythm is not a method of contraception. There is a certain section of the social security bill by which all the citizenry have opportunity to go to clinics and get the information they want. There is a provision for that already.

Mr. KYROS. But we have not carried that out throughout the United States. I know that as a fact and so do you. Is that not so?

Monsignor POPEK. I would say that I do not have the facts whether it is spread over the United States, but there are certain areas where this would be true.

Mr. KYROS. So, when you are talking here in your statement on page 11, you would keep in mind that Pope Paul VI has attempted to foster research in advancing the rhythm method of contraception.

Monsignor POPEK. I would say you are right there; but the Pope is not speaking of rhythm as a method of contraception.

Mr. KYROS. So, apparently the Church does recognize some necessity for measures not to continually populate, either for reasons of health or, for any other reasons we have discussed.

Monsignor POPEK. There is a gentleman who is to appear a little later who will give a complete description and defense of rhythm and I do not feel free to invade his territory, his specialty.

Mr. KYROS. Again, feel free to paraphrase any part of your statement because I am sure it is most interesting and the committee would like to ask you questions about it.

Monsignor POPEK. Pope Paul, in his encyclical "*Humanae Vitae*" states in absolute and exclusionary terms those moral prescriptions which you and your colleagues must forever bear in mind:

To rulers, who are those principally responsible for the common good, and who can do so much to safeguard moral customs, we say: Do not allow the morality of your peoples to be degraded; do not permit that by legal means practices contrary to the natural and divine law be introduced into that fundamental cell, the family. Quite other is the way in which public authorities can and must contribute to the solution of the demographic problem: namely, the way of a provident policy for the family, of a wise education of peoples in respect of moral law and the liberty of citizens.

Neither can one, without grave injustice, consider divine providence to be responsible for what depends, instead, on a lack of wisdom in government, on an insufficient sense of social justice, on selfish monopolization, or again on blame-worthy indolence in confronting the efforts and the sacrifices necessary to ensure the raising of living standards of a people and of all its sons.

May all responsible public authorities—as some are already doing so laudably—generously revive their efforts. And may mutual aid between all the members of the great human family never cease to grow. (*Humanae Vitae* No. 23.)

No government can "play God" for long. Herod slaughtered the innocent—he perished; Hitler exterminated the old—he died in flames. Yet, neither of these "played God" alone—their orders were carried out by their henchmen. God will not be mocked. He will strike not only the little people but the big people as well, who consider environment more important than human life; who talk about the dignity of quality existence but who are willing to commit murder, motivated by situation ethics, to assure a few what all have received from the procreative love of God—human life.

#### I AM NOT ALONE

When I was young I heard the story of the Dutch boy who saved the lives of the people in his town by the simple act of putting his

finger in a hole in the dike. He held it there until help came from others stronger than himself. When I was a boy I read the Old Testament account of David and Goliath. David was a small boy who, alone, slew the giant, Goliath, with one stone flung from his sling. Only after Goliath was slain did the armies of Israel move on to victory over the Philistines.

I have the conviction that I, like the Dutch boy, stand alone at this moment, holding my finger in the hole in the dike to stop the tide of immoral legislation from inundating our country; like David, I stand alone, armed with the small stone of the official teaching of the Catholic Church in the presence of the great giant of governmental control over life and death. Yet, I know that help is forthcoming from many of those belonging to the "great silent majority" of Judeo-Christian leaders and followers.

Although, today, I appear to speak in these halls alone in the defense of life, God and I are a majority. Humility directs me to say God does not need me to create the majority opinion. God must be heard and obeyed. In this matter of life and death, God, and God alone, is the majority.

Mr. KYROS. Thank you, Monsignor. I think that your remarks today are said with deep conviction and sincerity and we appreciate hearing them from you. As you pointed out, your remarks along with those of a few others, have been remarks in opposition to the bill.

At this time I will call on Dr. Carter.

Mr. CARTER. Thank you, Mr. Chairman.

Certainly, I recognize the extreme dedication of the distinguished monsignor and I want to say for my part I do not feel, and I do not support any portion of this bill which would provide for abortions throughout our country. I am opposed to that. Naturally, I am opposed to any idea of genocide, or infanticide, or euthanasia. We are against these things and we will not support legislation—it is not the intent to support legislation which would permit these things.

I would like to ask the distinguished witness what really is the difference between the rhythm method and the pill? The purpose of both actually is to prevent pregnancy, is that not true?

Monsignor POPEK. Rhythm is not a method of birth prevention. It is a matter of the true meaning of self-control on the part of the married. The act is performed at a time when the period is safe or infertile.

Mr. CARTER. Yes, sir.

Monsignor POPEK. And when we are talking about the pill, we are moving into an area where we have the danger not only of birth control but we have the greater danger of actual elimination of life.

Mr. CARTER. Well, elimination of life—life does not occur, the patients taking the pill do not ovulate. Therefore, there is no union of the sperm and the ovum, and life is not—never starts in the case of use of the pill.

Monsignor POPEK. The marriage act must be open at all times to the transmission of life.

Mr. CARTER. Well, open, quite true, but with the pill it does not block the fallopian tubes.

**Monsignor POPEK.** The married couple is going through a physical act then, which, though intended for the purpose of transmission of life, has been obstructed by the use of the pill.

**Mr. CARTER.** It is obstructed in both ways, both by the rhythm method and by the pill.

**Monsignor POPEK.** No, they are not the same.

**Mr. CARTER.** The same thing exists—life that never exists, never commences when we use the pill, unless a person actually becomes pregnant through ovulation which rarely occurs. That is why the pill is used because it prevents ovulation, the formulation of eggs, or ova.

Another thing, intrauterine devices, of course, also rather prevent the union of the sperm and the ovum as a usual thing. There is a certain percentage of failure in this. So, actually, as I see it, there is not a great deal of difference between the rhythm method really, and the use of an intrauterine device or the use of the pill.

**Monsignor POPEK.** I see a basic difference.

**Mr. CARTER.** Well, Father, I know that you are dedicated and I recognize your dedication.

**Monsignor POPEK.** But, if one looks at this not merely from the standpoint of religious dedication but from a scientific approach it comes out the same way.

**Mr. CARTER.** Well, actually, I see no real difference in these things, in the method, or in the intention of the method.

**Monsignor POPEK.** If we were to take something like sterilization, which is comparable to the pill, the two people can have the marriage act and yet something has been done to one or the other party which has obstructed the transmission of life.

**Mr. CARTER.** The same obstacle is present, Father, when we seek the days for intercourse when the patient is not ovulating, usually the 14th to the 16th day from the first day of menstruation. We accomplish the same purpose exactly.

**Monsignor POPEK.** But one is a matter of natural limitation and the other is a matter of artificial, mechanized control either by medication or an instrument.

**Mr. CARTER.** That is a very fine distinction which really has no—

**Monsignor POPEK.** Well, in moral theology we study there is fine distinction.

**Mr. CARTER.** I know, Father, but I do not believe that applies here. Did you ever think of the hundreds of thousands of people who are born into abysmal poverty in India each day, undergo hunger and lack of all the things of life, all the necessities of life, the thousands that die each year. I think it is much better that we use scientific methods to see that these youngsters are not borne into such a life. I believe we have the same—we can have the same feeling of doing right by scientifically preventing life from beginning in these areas. We can have the same dedication and the same feeling of doing good for our people.

**Monsignor POPEK.** I have had a priest who was with me for 3 years from India, Father Savarimuthu, and his presentation is slightly different from the one you make here about the prevalence of death and poverty. The Indian people are moving forward by technological experimentation and actualization to a better material life.

In the city of Milwaukee he introduced me to any number of priests from India and they are not giving the same dismal view as presented by you.

Mr. CARTER. Well, I assure you that it does exist there and if you will visit there yourself, Father, you will find that it is true, and if you visit many places throughout the United States you will find mothers who are worn and overburdened by pregnancies and you just cannot—

Monsignor POPEK. Then, the Government is to mother these people? It is to come in and direct their lives in order that—

Mr. CARTER. We are not directing them. We are giving them the opportunity to control their own lives. I feel like that is—and certainly we do not support the theory of abortions or infanticide or euthanasia. These things are furthestest from our thoughts.

Thank you, Mr. Chairman.

Mr. KYROS. Thank you, Dr. Carter.

Before Mr. Preyer questions you, Monsignor, it seems to me, from the discussion you and I had, that perhaps you and Dr. Carter are in agreement that research as far as the basic biological processes of reproduction taking place is important. If I understood correctly, Pope Paul VI was in favor of such research, also, the Catholic Bishops' Conference put up the money for that kind of research and was interested in research as to the—

Monsignor POPEK. Dr. Guttmacher mentioned to me in meeting me here a few days ago that we are moving forward, he and I, toward the same objective by intellectual pursuit and I deny the fact that Dr. Guttmacher and I are moving to the same objective. My objective is for procreation. His is for the elimination of life. My objective is not purely intellectual. My guidelines are intellectual and moral and I could never agree with Dr. Guttmacher that we are in accord.

Mr. KYROS. Well, just referring to my point for a moment, namely, that we need further research in the basic process of reproduction. If it should come out that the ultimate method would be a rhythm method of, artificial contraception or contraception, and we have a temperature and a time scale like Dr. Carter just mentioned, then that might be the method that is utilized, but certainly, there is interest in having the research. Is that not a fact?

Monsignor POPEK. There must be interest in research and it must be continued. I would not want to walk backwards in this matter into darkness. We walked toward light and the light is truth, and research must bring out the truth. But as we move in research, it must be for the continuation and the betterment of life, but it must not be for the elimination of life.

Mr. KYROS. Then the funds that would be in this Federal bill for research on a basic biological process, including that of a contraceptive method, the so-called rhythm method, you would not be opposed to.

Monsignor POPEK. I would be opposed to the entire bill.

Mr. KYROS. No, no. I just asked about that portion.

Monsignor POPEK. But, how is anyone going to extract the very lifeline from the deathline of that bill without killing it altogether?

Mr. KYROS. Because \$500,000 or a million dollars or \$2 million will go to some group, nonprofit group or some college that is doing research in regard to the rhythm method and to the reproduction process.

Monsignor POPEK. This is what we call a slider. For the sake of getting the whole bill passed, something of this sort, a palliative is thrown in this direction so that the entire contraceptive bill would be passed.

Mr. KYROS. Mr. Preyer.

Mr. PREYER. Thank you, Monsignor. I think it is good that we can have statements from individuals and from groups who do represent contrary views to what the majority view seems to be in the testimony before this committee.

Many of your statements lie in the realm of conscience and in the realm of religious beliefs, so that they really are not susceptible of argument. But I do think that we should realize that there are many church bodies that do consider family limitation and contraceptives, as positive values, positive and moral values for the individual family and for the community at large.

Now, you attack family planning services as being materialistic, for example. Some people say population is too great or those who say the air is being polluted by too many people, so we must have family planning. I would say those are materialistic reasons for being in favor of family planning, but there are many church bodies which say family planning has a positive moral value.

This week, for example, *Look* magazine has got an article on the Presbyterian Church's position. This was a report that took 2½ years discussion and was adopted by that church's general assembly and it says this:

We urge the church to support all reasonable measures to include the dissemination of birth control information and materials in our public health policies and program, to support the establishment by public or private agencies of birth control clinics, and to share our increased experience with contraceptive technology with other nations as they may seek it.

Now, that is the opinion of one church which is different from yours, but my point is that all the support for family planning services is not strictly from the materialistic point of view, that there are those who feel that it has positive moral values.

Do you have any comment on that?

Monsignor POPEK. I would say that there must be education in order to bring about responsible parenthood and this brings us into the area of morality, for the married man and the woman. I believe that every married man and woman have the freedom to be responsible parents. Perhaps their conscience is not properly instructed, perhaps it is, but the Government has no right to enter into the bedroom and say these are the dictates from above because we suffer as a nation due to nonquality life and overpopulation. Therefore, the Government must step in.

Many Government officials have already stated, some have said three children would be ethical and patriotic. Some have lowered it to two. The latest statement is that a married couple should have only one. This is really a moral issue. In my remarks, I said "separation of church and State," I should like that principle to read "the separation of churches from State" because there is a proliferation and fragmentation in this thing called "the church." But if the Presbyterian governing body comes along with such statement, I say it is an immoral statement.

Mr. PREYER. Well, I will not get into the realm of morality because I think we each have a right to our own views in that area.

You say that—you refer constantly to the dictates of Government. Let us say that Government on the basis of research has said that to keep zero population growth in this country would work out mathematically to 2.3 children per family. Well, that is a fact. Is it any dictation to say that as a fact? It is not being implemented in any coercive way, is it?

The thing I find troublesome is your tendency to say, well, if you do this, then it automatically leads to that. Is that your objection to the Government saying that that is a fact, that 2.3 children would lead to zero population growth and maybe that is a goal to be desired? That the next step is to compel people to have only 2.3 children?

Monsignor POPEK. There are lies, there are damn lies, and statistics. Anyone can use statistics to their own advantage. The devil can quote Scripture to his own profit "Judas hanged himself," "go thou and do likewise." Those two statements are in the Bible but they are separated by 18 miles if not more. So if the Government says this is a desired thing because of the situation—it still must leave the individual conscience free to make a determination.

Mr. PREYER. The Government could say this is a desirable thing for materialistic reasons, but that still leaves individual conscience free, it seems to me, to determine do we want to pursue this as a goal or not.

Monsignor POPEK. When you start out from the clouds, down to the lowest bit of ground, the Government up there and the people down here, we have officials in between. Suddenly, knowing human nature for what it is, we may get someone in one clinic saying, "this is governmental policy," before the person applying to the clinic can be even alerted to the fact that it is not governmental policy.

Mr. PREYER. Well, my experience has been if someone says this is governmental policy, it does not automatically—it gets a contrary reaction rather than inspiring people to go along with it.

But just to mention one other thing, you mentioned the idea of abortion throughout your statement and you talk in terms of "Thou shalt not kill," and I certainly agree with you and Dr. Carter, and am against easy abortion and would only accept it in a very extreme and rare case. But is there anything in this bill that says anything about abortion?

Monsignor POPEK. When we talk about counseling, what is there to prevent a social worker, to move quickly from contraception to abortion? Is there anything—a factual human way, you can say that this will not be done by the social worker, a group of social workers, a certain agency?

Mr. PREYER. Well, we cannot prevent people from abusing any kind of law.

Monsignor POPEK. When the bill says the pill should be freely administered to women without specifying whether they are married or not, it treads in the very delicate moral area bypassing marriage as that only institution, that holy institution by which life should be transmitted. When the bill says the pill is to be made freely available (there are some pills which are abortifacient) it uses a general term—it is not a matter of semantics but when the general term "the pill,"

is used it can well be said that a particular pill used in that particular clinic is not merely contraceptive but is abortifacient.

Mr. PREYER. The only relation of this bill to abortion, then, is that you think some social workers might abuse their position. There is nothing in this bill specifically—

Monsignor POPEK. I move directly to the area of the pill and the intrauterine device which are abortifacient and are included in this bill. I am not merely talking about the social worker. I am talking more precisely about the pill and the intrauterine device.

Mr. PREYER. So that any program which would involve the use of the pill you would regard as one involving abortion?

Monsignor POPEK. I would.

Mr. PREYER. I do not believe that is the general understanding of that term, but I am glad to get your views on that.

Finally, on the one point you make about overpopulation, on which you say: "Overpopulation is a myth, it is used as a smokescreen for the purpose of controlling life," it may be a myth if you put it on the basis that there will not be enough land and food to support the population, but that is not the sole basis that overpopulation is considered as a problem.

Take Brazil. There is plenty of land in Brazil. They can support an enormous population just from the point of view of the land, but where they cannot support population is not having the institutions to support a greatly increased population. Something like 60 percent of the people in Brazil today are under 10 years of age. I am sure that statistic is wrong but it is a very large proportion that are very small children.

Therefore, the few productive people in terms of working age are trying to support this great number of children; to provide for schools, churches, hospitals, and it is a burden that the institutions and these few productive people are simply not able to handle. What is happening is our efforts to aid them, foreign aid, go down the drain. It does no more than just to enable them to hold their own at a standard of living but what will inevitably happen is the standard of living is going to go steadily downward, which leads to all sorts of possibilities of revolution and world problems.

So, this is what you are talking about when you say overpopulation. It is a problem and that is not a myth in that sense, is it? Do you not agree that unbridled growth of population will lead to the most serious economic and social problems in a country like Brazil, for example?

Monsignor POPEK. The Holy Father mentions that there are other ways and other means, technology, the industrial and educational world should move in, but without the imposition or the injection of a contraceptive mentality. In our own country, our civilization—our peoples are concentrated in high urban areas and it would take some motivation to get people away from the big cities. There again we must have motivation. The papers read, at this hearing stressed motivation. But the motivation the proponents of this bill presented is always psychological, always sociological, always economic. I would like an injection into this motivation of something which is moral and religious.

If our Government gives foreign aid to a country like Brazil, it should keep out of the field of religion and morality totally. I am speaking about separation of church and state. If our Government gave them machinery and the know-how and it tells them how to plant wheat, corn, or rice, the Government has no right to tell them how to eliminate life.

Mr. PREYER. Well, I certainly agree with that, that we should not tell them how to handle problems that are as sensitive as population control. But the alternative that somehow our technology can handle this problem and allow the unchecked growth of population around the world to continue is—there is just no evidence that we can come anywhere close to doing that, it seems to me.

Monsignor POPEK. If the Government gives a man a transistor set to induce the man's sterilization, it is certainly cutting down babies. At the same time, it is tampering with the human body and that is a violation of the Fifth Commandment.

Mr. PREYER. The problem is right today two-thirds of the world go to bed hungry every night. That is a lot of people who are leading lives that are really miserable and subhuman, and to continue to add people is going to—

Monsignor POPEK. The good Lord said "the poor will always be with us" and this is a challenge to all to do something for the poor on an individual basis. Pope John XXIII said, where the individual cannot do it, by subsidiarity it must be a challenge to Government to help the poor. We will not live in Utopia, we will never come to that point in perfection where all poverty will be eliminated. Poverty will always be with us because we need this challenge to remain human. We have already cut out much compassion, human individual compassion; we want the State to show compassion through funding of genuine poverty when individuals cannot do so.

Mr. PREYER. Well, I agree we will have that challenge with us. There are many things in your statement with which I heartily agree, which I have not gone into, but we do appreciate your testifying and giving us the alternative to many of the positions that have been advanced here.

Thank you, Monsignor.

Mr. KYROS. Monsignor, I would call your attention, if I may, to a message of the President of the United States relative to population growth, July 21, 1969. I am sure you are aware of that. In this message the President said among other things:

In particular, most of an estimated 5 million low income women of child-bearing age in this country do not now have adequate access to family planning assistance, even though their wishes concerning family size are usually the same as those of parents of higher income groups.

He went on to say:

It is my view that no American woman should be denied access to family planning assistance because of her economic condition.

And he then went on to say:

I believe, therefore, that we should establish as a national goal the provision of adequate family planning services within the next 5 years to all those who want them but cannot afford them.

Then the President proceeded :

Clearly in no circumstances will the activities associated with our pursuit of this goal be allowed to infringe upon the religious convictions or personal wishes and freedom of any individual, nor will they be allowed to impair the absolute right of all individuals to have such matters of conscience respected by public authorities.

Now, are you in agreement with that statement?

Monsignor POPEK. I go from religious freedom to that delicate question of my conscience and my American dollar given to support so massive a program, and I say I am in a dilemma.

Mr. KYROS. Your American dollar is given to support the war in Southeast Asia and it may well be that a large group of people, or a small group of people, in the United States vehemently are opposed to the war. Nevertheless, there may be dozens or hundreds of programs that we all do not agree on, not only the war in Southeast Asia. Is that not a fact?

Monsignor POPEK. That is a fact and democracy has in itself the seed of its own destruction. Democracy cannot possibly maintain equality in everything for everyone. We have a Republican form of Government. That is a fact. But, I as a person, and anyone like myself who says "my American dollar is used for immoral purposes" must state a question: What am I to do in that predicament?

You mention there are those who oppose the war. There should be some factual documentation on this, as to how many there really are who are opposing the payment of taxes because they do not want our country to be involved in the war. As regards the definition of "objection," one does not need to object from the standpoint of conscience. One just objects.

I object on the basis of my conscience, that my tax dollar is given to this immoral program of the elimination of life.

Mr. KYROS. I think you make your position very clear and I appreciate your appearing here and I hope, because there was some colloquy a few days ago, that you now have had an opportunity to make your statement.

Monsignor POPEK. I am most appreciative.

Mr. KYROS. Thank you very much.

Mr. ROGERS (presiding). Thank you, monsignor. We appreciate your presence here.

The committee has a great number of witnesses and I am going to ask the indulgence of witnesses to put in their statement and try to make short statements of their position, particularly so we will not get into cumulative evidence before the committee. Where new points are developed, we want to have them, but I do not want us just to keep repeating the same thing that has been said and the points that have been made, if it is possible. We want your views but if you can cooperate with us in this matter, it will be helpful.

Our next witness is Dr. John E. Brennan of Milwaukee, Wis. Is Dr. Brennan here?

Welcome to the committee and we are pleased to have your testimony at this time. It will be made a part of the record without objection, at this point, and if you could make a concise statement for us it would be helpful.

## STATEMENT OF DR. JOHN J. BRENNAN, MILWAUKEE, WIS.

Mr. BRENNAN. Mr. Chairman, I am honored to be here. I am an obstetrician and gynecologist, assistant clinical professor at Marquette Medical School. I am the chairman of the Family Life Committee of the National Federation of Catholic Physicians' Guilds. However, I do not speak for either the Catholic Physicians' Guild or for Marquette University. I come as an individual.

I say that 10 years ago we might have spoken of a population explosion but 50 percent more babies were born then than now in our State of Wisconsin; 100,000 babies were born in 1960. This year it will be about 65,000, less than two babies now in place of three then. There is no need to spend millions of dollars to determine the consequences of this—obstetricians, delivery room nurses, nursery room nurses. Maternity hospitals are now in oversupply. You know that kindergarten teachers are now in oversupply and certainly, within this decade we are developing great overabundance of elementary school teachers. Less homes, less houses are being built, more apartments are being built. Again, more women are free to participate in the labor market, but without traditional population growth, economic growth is due to suffer.

Our economy depends upon supply and demand. Only having new people will sustain demand. Fifty percent of our counties had a decrease in population in the past decade.

Studies have shown that 98 percent of American women are now aware of contraception. Many who do not participate in programs refuse to do so because of moral convictions while others fear medical complications of the pill and the IUD.

However, the largest segment of nonparticipants, especially among the blacks and the Puerto Ricans, believe that "whatever will be, will be." These can only be convinced through promotion of contraceptives. I oppose promotion of family planning because it obviously involves suggestion and persuasion and when that fails it may involve coercion or compulsion. I believe that people have a basic right to reproduce. The ninth amendment guarantees a right to be left alone in this personal matter. In a democracy the government exists for the people. The plan has to be adjusted to the people—not the people adjusted to the plan. Only the woman and her husband know whether another baby will be a blessing or a burden.

Planned parenthood personnel and philosophy have crept into government and now permeate the Office of Economic Opportunity. I am sure you have read this, the study of this about all the counties in the United States and they say that there is a need for family planning in many of these small counties, many rural counties, and they call these people medically indigent because their income is low. These people—again, 50 percent of these counties, of all the counties of the country, have had a decrease in population and all these farm people are producing their own food and they certainly are not indigent as we would understand it in the big city.

And anyway, this philosophy of planned parenthood is babies are a burden. A 1966 U.S. census study showed that families with less than \$10,000 income tended to have three to four children while those with over \$10,000 income had two to three children. This is true because

women with higher income join more tennis clubs, golf clubs, riding clubs, bridge clubs, and garden clubs. These are the byproducts of affluence. To these women having babies becomes inconvenient; the poor have less competing interests.

Dr. Richard Klemmer, professor of family studies at Bowman Gray School of Medicine in Winston-Salem has reported that of 60 unwed mothers all but two affirmed that they had knowledge of contraceptive technique and they were easily available to them at the drugstore. Only three blamed their pregnancy on failure of a contraceptive. Dr. Klemmer came to the conclusion that, "It hardly seems probable that further teaching of contraceptive knowledge is going to have any applicable effect on either illegitimacy or on the basic nature of the Nation's sexual ills.

(Dr. Brennan's prepared statement follows:)

STATEMENT OF DR. JOHN J. BRENNAN, MILWAUKEE, WIS.

Ten years ago we might have spoken of a Population Explosion. Fifty percent more babies were being born then than now. In our State 100,000 babies were being born. This year it will be about 65,000—less than two babies in place of three. There is no need to spend millions of dollars to determine the consequence of this. First, Obstetricians, delivery rooms and nursery nurses as well as maternity hospitals are in oversupply. Then we have an oversupply of the manufacturers of baby food and baby clothes as well as those who provide custodial care of infants and young children. We already have an overabundance of kindergarten teachers which in the next decade will become an overabundance of all elementary school teachers. Less homes and more apartments are being constructed. More women are free to participate in the labor market but without our traditional population growth economic growth is due to suffer. Our economy depends upon supply and demand. Only having new people will sustain demand. Fifty percent of our counties had a decrease in population in the past decade.

Studies have now shown that 98 percent of American women are now aware of contraception. Many of who do not participate in programs refuse to do so because of moral convictions while others fear the medical complications of the pill and IUD.

However, the largest segment of non-participants, especially among the Blacks and the Puerto Ricans, believe that "whatever will be, will be." These can only be convinced through promotion of contraceptives. I oppose promotion of Family Planning because it obviously involves suggestion and persuasion and when that fails coercion or compulsion. Government participation is sure to eventually mean Government control. I believe that people have a basic right to reproduce. The Ninth amendment guarantees a right to be left alone in this personal matter. In a democracy the Government exists for the people. The plan has to be adjusted to the people—not the people adjusted to the plan. Only the woman and her husband know whether another baby will be a blessing or a burden.

Planned Parenthood personnel and philosophy have crept into Government and now permeate the Office of Economic Opportunity. Their philosophy is that, "Babies are a burden."

A 1966 U.S. census study showed that families with less than \$10,000 income tended to have 3 to 4 children while those with over \$10,000 income had 2 to 3 children. This is true because women with higher income join more tennis clubs, golf clubs, riding clubs, bridge clubs and garden clubs. These are the by-products of affluence. To these women having babies becomes inconvenient. The poor have less competing interests.

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In 1967 many of the leaders of the medical profession were surveyed by Lipponcott Company. The majority did not believe that making contraceptives available to young girls would solve the problem of illegitimacy. In 1964 Dr. D. C. Van Enide Boas said at the conference of the Planned Parenthood Federation, "It is not contraceptives that they need but a complete emotional reeducation, to protect them from cheap and unsatisfactory adventures and against the self-punishment of pregnancy." The educational program must teach the teenagers the physical and psychological tragedies that result from permissiveness and promiscuity.

For surely, if our country spends billion dollars to make contraceptives available almost on any street surely we will have to spend another billion dollars to fight the venereal disease which will endure. The contraceptive drug companies are the best friend venereal disease ever had.

Furthermore, rather than reduce illegitimacy paradoxically, the availability of contraceptives actually increases illegitimacy. This was shown in Connecticut where contraceptives suddenly became available to all in the famous Griswold case. In the next five years illegitimacy increased 50% in Connecticut while the rest of the country experienced only a 23% increase.

Finally we must consider what is the best medical plan. Since the Medicare program indigent women are now all eligible for private medical care. If a woman needs and wants family planning advice she should seek and obtain this from the doctor or clinic who would normally deliver her babies. (Surely these are far less busy delivering babies than they were ten years ago.) Since the advent of the pill family planning has to be incorporated in a total medical care program. Because of medical complications involving the whole body system simply contraceptive clinics (store fronts, health vans and the like), cannot distribute competent medical care as easily as they dispense contraceptives. High standards of medical practice must be maintained. This can only be done through the program that is already established, that is the doctor who would normally sign a baby's birth certificate if she were to deliver a baby.

A contraceptive program does not make bad people better people—it only hopes to make less of them. It hopes to eliminate poverty by eliminating poor people. It treats only the symptom and not the disease.

There are many programs which could spend the billion dollars to greater advantage to poor people. The most obvious need is for an annual guaranteed basic income for poor people. Studies have shown that with affluence people have less children. Women must be able to afford competitive interests other than child-bearing before they reduce their fertility.

I ask you, sir, to reject this Billion Dollar Family Planning proposal, preserve our traditional doctor-patient relationship, and avoid the disaster of Government control of reproduction.

Mr. ROGERS. Thank you very much, doctor.

Now, let me ask you this. Your basic feeling, then, is that you are opposed very strongly to a program being instituted like this. You feel that it could possibly begin to build coercion.

Dr. BRENNAN. Well, I think that anything that is done should be done through the doctor-patient relationship. I think each woman has a doctor, a doctor who delivers her babies who gives her good care during the pregnancy. I think the same type of care should be given when she is not pregnant and the same doctor who signs that birth certificate should be the one she comes to if she has diabetes or heart disease. It is done through her private doctor.

Mr. ROGERS. What about the disadvantaged?

Dr. BRENNAN. The disadvantaged have their babies the same way, their heart disease and cancer the same way. The doctor is there. Even medicaid provides for free care for all the medically indigent people in the United States.

Mr. ROGERS. They do not have it everywhere but I understand your basic thrust.

Dr. BRENNAN. In theory we have this, that this is the idea that people come to me and they get through, if they are medically indigent they get the same care as people who can pay for it.

Mr. ROGERS. Thank you. I think we understand it very clearly.

Mr. KYROS?

Mr. KYROS. Just one question, Doctor. I appreciate your testimony. We have been told repeatedly, by testimony and through the Presidential Commission, that there are 5 million or more women in the poverty level who are, in effect, denied access to family planning information. I have been told by a doctor who had a young girl as a patient that after the young girl—who was married, a 17-year-old girl—delivered a child, she wondered why the child was not born through her stomach. She was confused about where the child came from.

So, what I am suggesting to you is, is it not proper for the Government at least to do some research to provide the services, the information to people who may want it but cannot get it right now?

Dr. BRENNAN. My point was that if you look at these counties and see how many of these are rural counties and they say here that family planning is needed, now, who says it is needed? Is the woman saying it is needed or husbands saying it is needed? Here is who says it is needed, not the woman. I think the surveys should come—they should study these little rural counties and rural towns and see if they are asking for this. Are they going to their private physician on the farms? I doubt it. I think that they are looking on the farm and the small city as the baby is a blessing.

Mr. KYROS. Thank you, Doctor.

Mr. ROGERS. Dr. Carter.

Mr. CARTER. Mr. Chairman, certainly I agree with the doctor-patient relationship. I am very much for that sort of thing and in every case where it is possible. I think that is the fair thing to do. However, there are many thousands of poor people who do not have regular physicians, I regret to say, and they must be taken care of at clinics and health centers throughout our country and in such cases as this would you object to the physician there giving information as to family planning?

Dr. BRENNAN. I would resent a birth control clinic put in next door to me or a van moving up and down on my street suggesting birth control.

Now, whether I am well-to-do or poor or middle-class, I would resent this kind of promotion, whether it is next door to me or down the street. I think it should be wherever we get the rest of our medical care.

Mr. CARTER. Even if this were for people who could not afford to come to you, who did not have the money to come to you?

Dr. BRENNAN. Well, I think people—I believe like we have buses bringing people to the hospitals and offering services like this, now with pills—we know that there are medical complications to pills. We cannot be distributing pills the way we could distribute a condom or diaphragm. We need hospital-based care for these people and we need either the private physician or the clinic that is set up in the hospital and we cannot be doing this from a store front or a moving van or some such thing.

Mr. CARTER. I would say that private physicians cannot at the present time take care of the vast needs of the poor people throughout our country.

Dr. BRENNAN. I really do believe that they can, sir. I think we just see the drop—if we delivered 100,000 babies 10 years ago and now it is only 65,000. I think we doctors have plenty of time for doing something else besides delivering babies.

Mr. CARTER. Do you not really think that drop in the birth rate or number of births in the country inures to the good of our country?

Dr. BRENNAN. And I think that it may continue to the point, I think, if the Government steps in and this drops now from 100,000 to 65,000, then to 33,000 in 10 more years, and zero after that, I think this is going way too far. I think that we have done this on a voluntary basis without the Government participation and I think we can continue to do it.

Mr. CARTER. I rather doubt that all this has been done without Government.

Dr. BRENNAN. We would not want to increase the Government assistance role on this.

Mr. CARTER. Thank you, Mr. Chairman.

Mr. ROGERS. Mr. Preyer?

Mr. PREYER. I have no questions. Thank you very much, Doctor, for being with us.

Mr. ROGERS. Thank you. We appreciate your being here and giving the committee the benefit of your testimony.

Our next witness is Dr. Joe Beasley, Director of the Health Services Research Center, New Orleans, La. Dr. Beasley, would you come to the witness stand, please, sir?

The committee welcomes you, Dr. Beasley, and we will be pleased to hear your testimony. Your entire statement will be made a part of the record at this point.

#### **STATEMENT OF DR. JOSEPH D. BEASLEY, DIRECTOR, LOUISIANA FAMILY PLANNING PROGRAM, FAMILY PLANNING, INC.**

Dr. BEASLEY. Thank you very much, Mr. Chairman. I would like to submit an official statement but, if I may, with the pleasure and tolerance of the committee, I would like to illustrate with slides several points which I think are important and relate to H.R. 1550 and others, the proposed Population and Family Planning Act. The first point of emphasis is the problem of patient acceptance; the second is the feasibility of carrying out a national family planning program without coercion; and the third relates the possible effects of family planning on both maternal and child health.

In order to relate these points, I will try to summarize several known factors about the effects of reproduction on the patterns of sickness, death, and fertility. I will try to place these concepts into the setting of one city and one State where family planning services have been offered to all of the poor.

Mr. ROGERS. How long now has your project been going on?

Dr. BEASLEY. We first began in 1963 and 1964 as a research project under the auspices of Tulane University. We actually implemented a family planning and maternal health program in one county, Lincoln

Parish, in 1965. On July 1, 1967, we began the Orleans Parish program, which initiated the statewide program. By early 1970, we were able to provide family planning services through 88 interrelated clinics in all 64 counties in the State. We offered family planning services with the cooperation and participation of the State medical societies, board of health, department of public welfare, State department of hospitals, medical schools, and many other local committees and agencies.

Mr. ROGERS. And you serve an estimated 40,000 families, is that correct?

Dr. BEASLEY. Yes, sir. We estimate that at present we serve about 45,000 families in the State program.

Mr. ROGERS. Thank you, proceed.

Dr. BEASLEY. If I may, I would like to show these slides.

In 1964, we did a study of infant deaths, stillbirths, and maternal deaths among all socioeconomic groups in Metropolitan New Orleans. That data from this study indicated a marked relationship between the fertility variables and the mortality variables. We found that there were many obstacles that prevented the attainment of family health and stability. These are delineated in slide 1.

SLIDE 1

## **OBSTACLES TO FAMILY HEALTH AND STABILITY**

**PATIENTS AT "HIGH RISK"**

**PREMATURITY**

**MENTAL RETARDATION**

**MATERNAL MORBIDITY AND MORTALITY**

**INFANT MORBIDITY AND MORTALITY**

**CRIMINAL ABORTION**

**TEENAGE PREGNANCY AND ILLEGITIMACY**

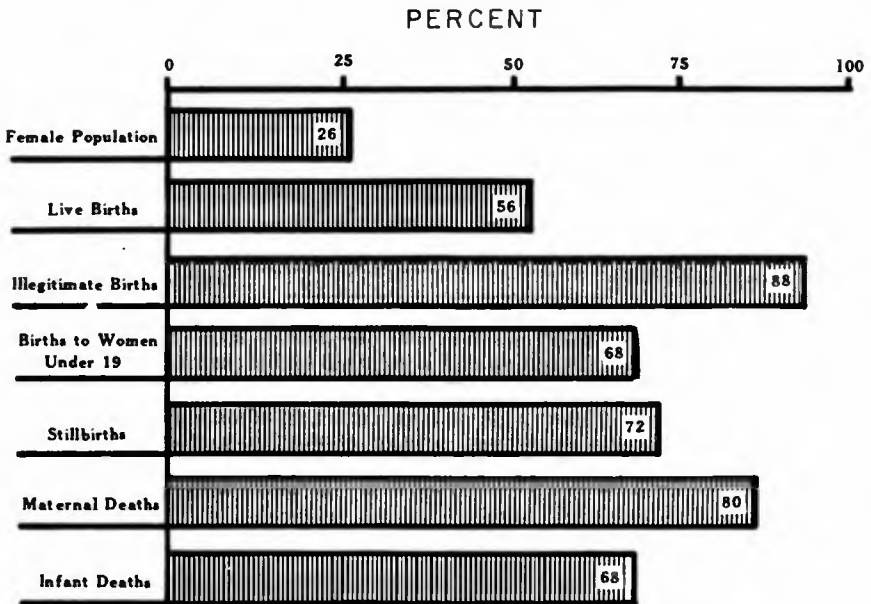
**FAMILY INSTABILITY**

**THE BATTERED CHILD**

**INFERTILITY**

We observed a significant difference in the causes of death between the lower socioeconomic group and the middle and upper socioeconomic groups. We noted that an estimated half of the women in the lower socioeconomic group who had experienced a stillbirth or infant death had a recognizable health problem preexisting conception. (Slide 2) We estimated that 26 percent of the women 15-44 years of age within the lower socioeconomic group in the city of New Orleans contribute 56 percent of the live births, about 88 percent of the pregnancies out-of-wedlock, 68 percent of the births to women under 19, 72 percent of the stillbirths, 80 percent of the maternal deaths, and 68 percent of the

FIGURE 4  
CONTRIBUTIONS OF THE INDIGENT TO SELECTED HEALTH PROBLEMS  
ESTIMATES FROM ORLEANS PARISH (NEW ORLEANS)



infant deaths. All of these events are associated with and affected by fertility practices and especially with the practice of family planning. Although this data is from New Orleans, it reflects similarities of many other metropolitan areas.

Many of the opponents of family planning programs have accused family planning as being a means of genocide. I think, however, one of the most effective means of genocide is to allow a situation where there is gross reproductive wastage, loss, and disregard for human life.

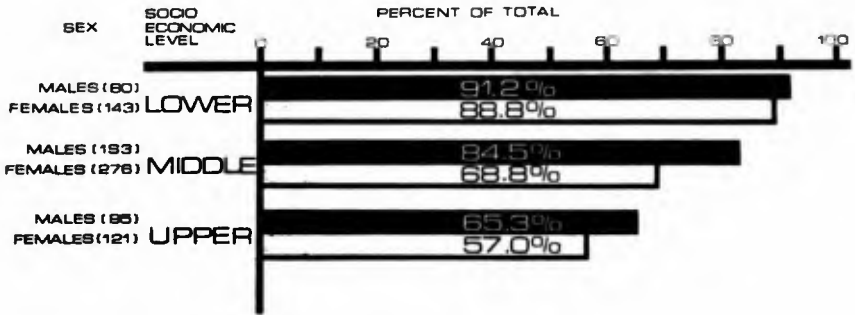
We wanted to get some estimate of why the poor accounted disproportionately for major health and social problems, so in 1964 and 1965, the Family Studies Unit at Tulane University completed a comprehensive family survey in Metropolitan New Orleans and Lincoln Parish. Our studies revealed a lack of information concerning basic reproductive physiology, the ovulatory cycle and effective means of contraception among all social classes in Metropolitan New Orleans area.

(Slide 3) We found that about 90 percent of the lower socioeconomic males and females did not understand the most basic concept of the relationship between the period of ovulation and fertility. We were not asking for profound scientific terminology. We were talking about the simple concept that pregnancy occurs "when something from the male" (sperm) meets with the egg inside the woman at a certain time during the menstrual cycle. We found that many of the lower

## SLIDE 3

percent of persons with insufficient knowledge of the ovulatory cycle.

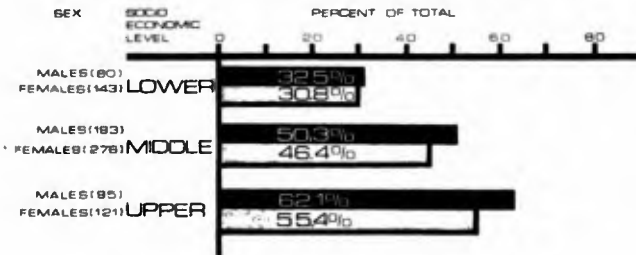
(family survey of metropolitan new orleans)



## SLIDE 4

PERCENT OF PERSONS USING EFFECTIVE FAMILY PLANNING METHODS DURING MOST RECENT YEAR OF COHABITATION

(family survey of metropolitan new orleans)



socioeconomic population did not have this functional concept, but in many instances did not know that they did not know.

In the New Orleans Family Survey, we also found a marked lack of practice of effective means of contraceptive technology. (Slide 4) This slide shows the percent of persons using effective family planning methods during the most recent years of cohabitation. We found that only about 45-50 percent of the middle class used family planning methods. However, in the lower socioeconomic group 30 to 32 percent used family planning methods. Although this percent of the population used some form of contraception, frequently this use was sporadic and, in most cases, consisted of highly ineffective coital related methods. This lack of information led to contraceptive practices such as aspirin tablets in the vagina, diet cola douches, Nor-form suppositories, or vaginal antiseptics. I might add that the

respondents among the lower socioeconomic group had a low level of education but they were carefully tested and it was determined that they had a normal or above normal IQ. Thus, the lack of utilization of effective family planning methods was a matter of ignorance, certainly not a matter of the capacity to learn.

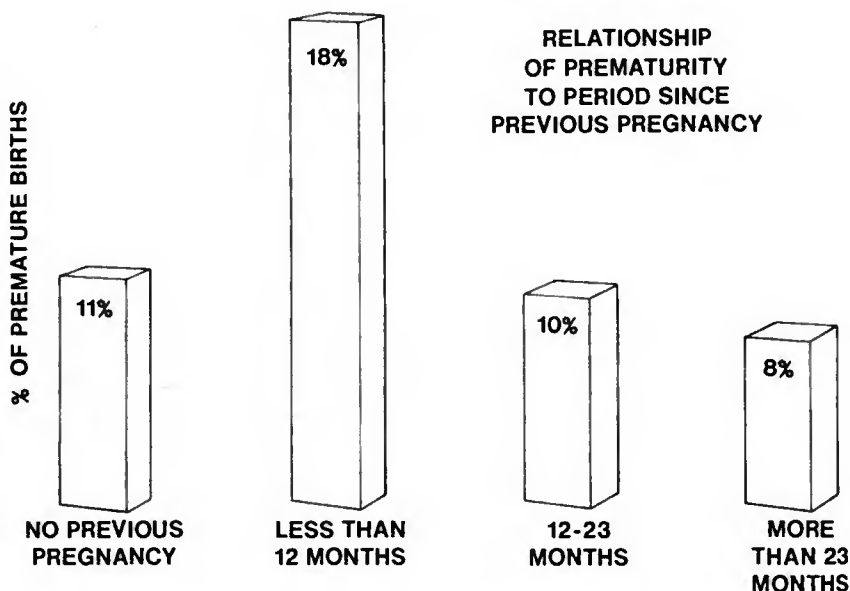
These studies led to the formulation of the hypothesis that the failure of the indigent population to control fertility effectively was caused by an inadequate understanding of basic reproductive physiology and contraceptive methodology and the lack of access to health services providing family planning information and services. The high risk factors seemed to contribute to the high rate of infant and maternal deaths in New Orleans. We noted that an estimated half of the women in the lower socioeconomic group who had experienced a stillbirth or infant death had a recognizable health problem preexisting conception. Some of the characteristics that are considered in the risk criteria are age, parity, spacing interval, past history. (Slide 5) This slide shows a comparison of a "high risk" and a "low risk" mother. Mrs. Jones has reached 36 years of age; she had had seven pregnancies; it has only been 12 months since her last pregnancy; and she has a history of chronic hypertension with toxemia, two premature births and a prenatal death. Mrs. Smith on the other hand, has reached the age of 23; she has had one previous child. Her last pregnancy was 36 months ago, and she had had a normal medical history. Mrs. Jones has a much greater chance of having severe reproductive loss-wastage in the death of the mother or the child.

SLIDE 5

A Comparison of a "High Risk" and a "Low Risk" Patient			
MRS. JONES "High Risk"			MRS. SMITH "Low Risk"
36	AGE	23	
7	PARITY	1	
12 Months	SPACING	36 Months	
Chronic Hypertension	PAST HISTORY	Normal Health	
• With Toxemia		• Normal term	
• 2 prematures		• Infant	
• Prenatal death last pregnancy		without complications	

An important factor to consider is prematurity. Prematurity is, in our opinion, one of the major factors contributing to infant deaths and is associated with mental retardation. We cannot be definite about the importance of spacing, as such, on the outcome of pregnancy, but we have studies which indicate a relationship of prematurity to the spacing interval. (Slide 6) If a patient has had no previous pregnancy,

SLIDE 6

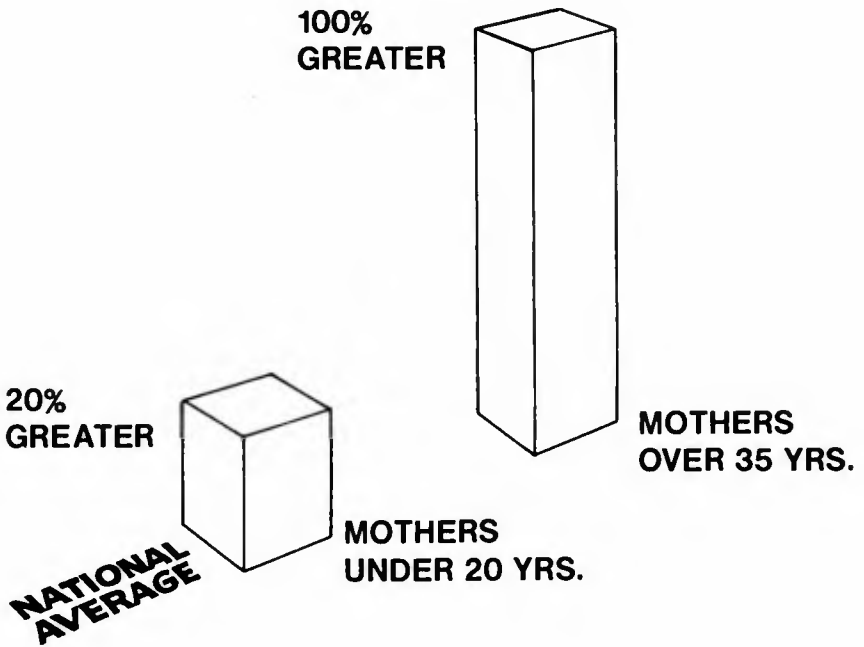


then she will have an 11-percent chance of having a premature baby—a baby born before 9 months of gestation or weighing less than  $5\frac{1}{2}$  pounds. The smaller the baby the greater the chance it will be affected. If the spacing interval between pregnancies is less than 12 months, there is an 18-percent chance for prematurity. If the spacing period between pregnancies is 12–23 months, the chance for prematurity is reduced to 10 percent and if the spacing period is more than 23 months, then the chances for prematurity are reduced even more—to 8 percent.

Our data indicates now, although we have a great deal more to learn, that just the introduction of the capacity to space children during the reproductive cycle would greatly affect the reproductive outcome. Not only would the mother's health status be improved, but also the possibility of the premature birth would be decreased. Since there is a relationship between prematurity and mental retardation this factor could be affected.

In addition, age is another high risk factor. (Slide 7) Perinatal mortality stillbirths or babies dying before 28 days of life—is 20 percent greater than the national average in mothers under 20 years of age, and 100 percent greater than the national average in mothers over 35 years of age.

## SLIDE 7

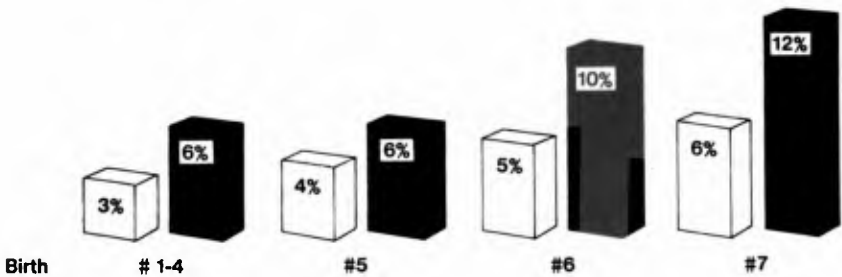


## PERINATAL MORTALITY

## SLIDE 8

MIDDLE AND UPPER  
SOCIO-ECONOMIC GROUP

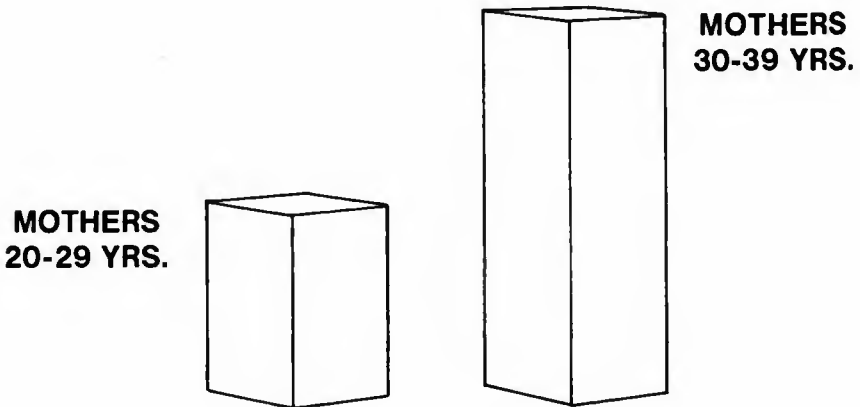
LOWER SOCIO-ECONOMIC  
GROUP



PERINATAL MORTALITY IN RELATION TO BIRTH ORDER

High parity is another risk factor. (Slide 8) This slide shows the percent of perinatal mortality in relation to birth order in the middle and upper class and the lower socioeconomic class. This illustrates that among the poor and nonpoor, stillbirths and death before 28 days of life increase as the birth order increases. After six or seven pregnancies, the perinatal mortality rate increases markedly. (Slide 9) Maternal mortality rates for mothers aged 30-39 is twice as high as rates for mothers aged 20-29.

SLIDE 9

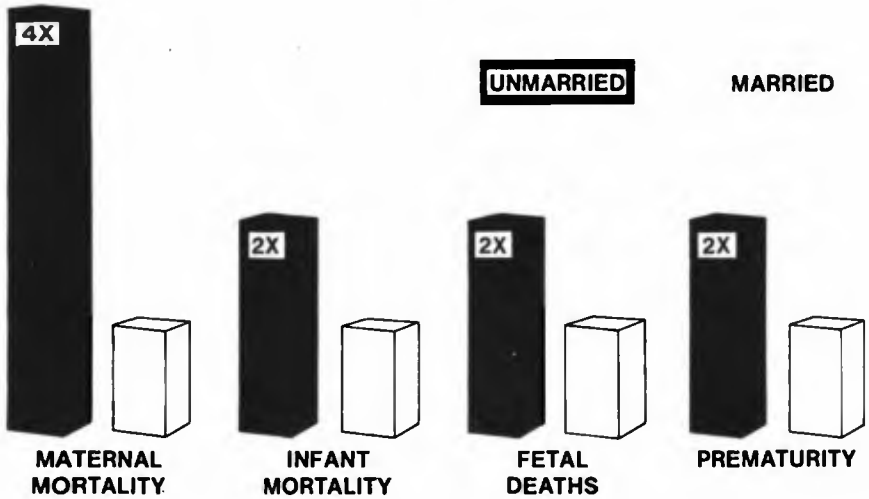


## MATERNAL MORTALITY

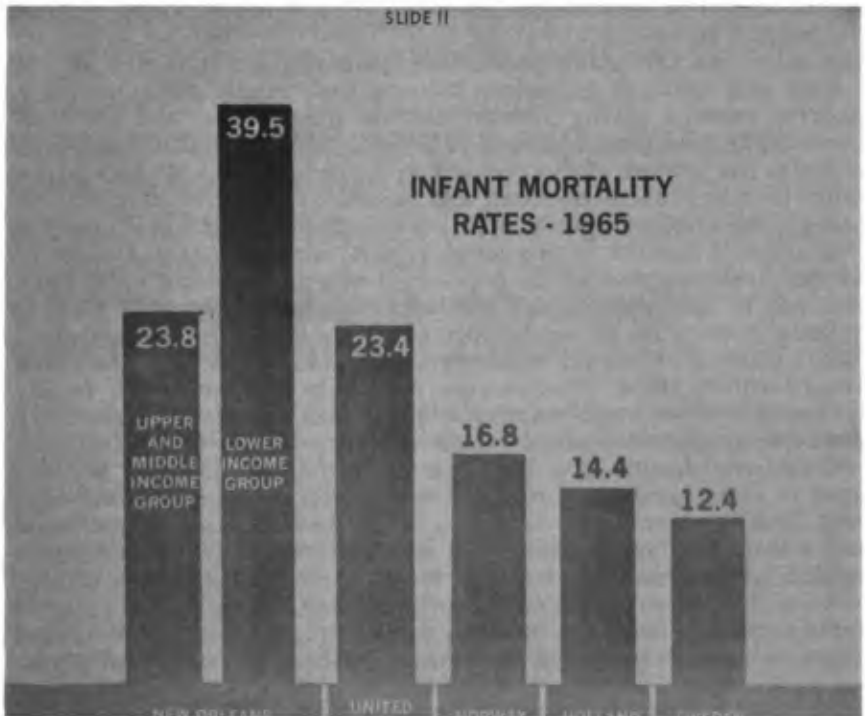
(Slide 10) A study investigating maternal and infant mortality, fetal deaths and prematurity by marital status indicate that higher rates of reproductive wastage occurred among the unmarried. Infant mortality, fetal deaths and prematurity were about twice as high for women who became pregnant out-of-wedlock than for married women. Maternal deaths were about four times as high. The high rates of reproductive wastage observed in this group dictate that this society develop acceptable means to prevent the occurrence of the out-of-wedlock pregnancy.

(Slide 11) There is a marked variation between infant mortality in lower socioeconomic class and infant mortality in other socioeconomic classes. The number of infants dying before 1 year of age is about 50 percent higher among the lower socioeconomic class than in the upper and middle income group.

These statistics indicate that unless the power to control fertility is granted, we can anticipate much difficulty in solving the major obstacles to the attainment of family health and stability. (Slide 12) There are several input and output variables in the reproductive cycle. Relevant input characteristics of the mother prior to pregnancy



## PREGNANCY OUT OF WEDLOCK COMPARISON OF PREGNANCY RESULTS IN UNMARRIED VERSUS MARRIED MOTHERS



## Status of Mother Prior to Pregnancy

Age  
Parity  
Spacing  
Past history  
Marital status  
Socio-economic factors  
Hereditary traits  
Mental health status  
Pregnancy desired  
Nutritional status



## Possible Outcomes of a Pregnancy

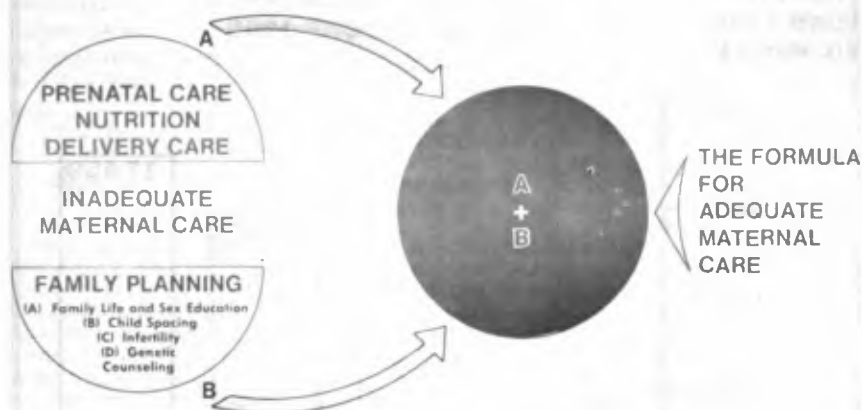
Normal birth  
Prematurity  
Perinatal mortality  
Maternal mortality  
Criminal abortion  
Congenital defect  
Mental retardation  
Illegitimacy  
Spontaneous abortion  
Wanted vs unwanted child

## INPUT AND OUTPUT VARIABLES IN THE REPRODUCTIVE CYCLE

include nutritional status, age, parity, past history, spacing of previous children, marital status, socioeconomic factors, hereditary traits, mental health status, and pregnancy desire. Possible outcome of pregnancy can include a normal birth, prematurity, perinatal mortality, maternal mortality, criminal abortion, congenital defect, mental retardation, out-of-wedlock pregnancies, spontaneous abortion and/or the wanted versus the unwanted child. These outcomes can either be affected or not affected by preventive and curative care.

Past and continuing studies indicate that family planning is a positive concept giving individuals the information and services necessary to plan the conception of a child under circumstances which will give the product of that conception the optimal opportunity to develop his physical, intellectual, and emotional potential as a human being. Family planning is a valid health measure which is absolutely crucial to all families in this country, particularly those in the lower socioeconomic segment of the population who are suffering most from the lack of information and services. It seems to me that from a national standpoint we need a formula to provide adequate maternal care. (Slide 13). Prenatal care, nutrition, and maternal health services are inadequate alone. These services need to be combined with family planning services which minimally include child spacing, infertility workups, genetic counseling, family life and sex education and general maternal health care. In other words, family planning services must be an integral component in the provision of adequate maternal care. Family planning services are a vehicle to responsible parenthood and a basis for family health and stability. (Slide 14) The benefits include responsible parenthood, increase in economic stability, wanted and loved children, decrease in morbidity and mortality, increase in family stability, decreases in out-of-wedlock pregnancies and criminal abortion, decrease in mental retardation, increase in mental and physi-

SLIDE 13



SLIDE 14

## BENEFITS TO FAMILY AND PERSONAL HEALTH

- RESPONSIBLE PARENTHOOD
- INCREASE IN ECONOMIC STABILITY
- WANTED AND LOVED CHILDREN
- DECREASE IN MORBIDITY AND MORTALITY
- INCREASE IN FAMILY STABILITY
- DECREASE IN ILLEGITIMACY AND CRIMINAL ABORTION
- DECREASE IN MENTAL RETARDATION
- INCREASE IN MENTAL AND PHYSICAL HEALTH

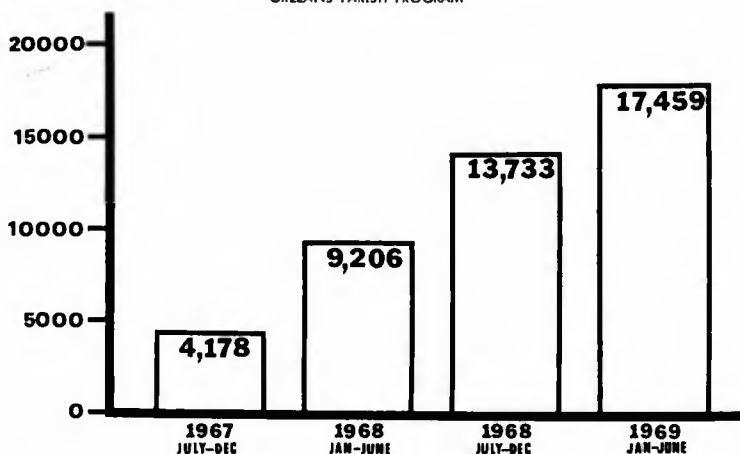
cal health. I believe that these are very positive benefits. It is my opinion that we cannot overcome the obstacles to family health and stability unless we give the lower-socioeconomic groups the power and capacity to control their own fertility.

In September 1965, the Lincoln Parish Family Planning Clinic was in operation. By the time the Lincoln Parish program had operated for 18 months we felt that we knew enough about how to design a family planning program for medically indigent women to extend it to a larger area. In July of 1967, we began services in Metropolitan New Orleans. (Slide 15.) Within 2 years, the program was serving some

**CUMULATIVE  
NUMBER PER  
SIX MONTHS**

**PATIENT RESPONSE  
JULY 1967 - JUNE 1969**

ORLEANS PARISH PROGRAM



17,500 patients. As of July 1, 1970, we were serving an estimated 25,000 families in the Metropolitan New Orleans area. At the end of the first year of operation, we estimate that 80 percent of all patients offered the opportunity to participate in this program received medical evaluation cancer detection, and were educated about the various methods of family planning. This figure was maintained at 82 percent at the end of the second year and we estimate will be over 75 percent at the end of the third year. I think we have conclusively demonstrated that voluntary family planning programs receive overwhelming and sustained response from poor families if the programs are adequately funded, systematically organized and delivered with respect for the patient's dignity, privacy, and convenience.

Our major problem is to maintain continued quality of patient services with concern for privacy and respect for the dignity and to be able to take care of the patient load. We are currently running a program of clinics from 8 a.m.-9 p.m., 5 days a week. We are looking at plans to go to a 6-day a week operation, with three Saturday late clinics. In addition, we hope to provide additional facilities in other neighborhoods throughout the city.

The results in Louisiana indicate that there is not only a willingness to accept family planning, but a very strong desire for these services among the lower socioeconomic population when they are offered with dignity and respect. If services are made available to this segment of the population, we believe that similar levels of acceptance can be achieved throughout the Nation. It seems that the ultimate problem in the utilization of family planning services has not been in the patient but in a lack of an effective primary delivery system.

Our experience indicated that the poor want family planning services. They have the capacity to judge for themselves. We greatly

underestimate, and I think malign, the poor if we assume that they do not have the intelligence or capacity to make a rational human choice concerning their own future and that of their families. I think the capacity to control one's own fertility, one's own reproductive powers, constitutes a human right. In fact, I do not feel that one can gain true human freedom unless one has the capacity to control fertility. Thank you.

(Dr. Beasley's prepared statement follows:)

STATEMENT OF DR. JOSEPH D. BEASLEY, DIRECTOR, LOUISIANA FAMILY PLANNING PROGRAM, FAMILY PLANNING, INC.

Mr. Chairman and Members of the Subcommittee, my name is Joseph D. Beasley. I am the director of the Center for Health Services Research, Tulane University Medical Center; chairman of the Department of Family Health and Population Dynamics, Tulane University School of Public Health and Tropical Medicine; and visiting professor of Population and Public Health, Harvard University. I am also the director of the Louisiana Family Planning Program, a research and demonstration program being conducted by Family Planning, Inc. I appear before you today particularly to discuss with you my experiences in this latter capacity, as they relate—and, I believe, that they do relate very significantly—to H.R. 11550 and others, the proposed Population and Family Planning Act, which would consolidate U.S. family planning and population programs in the areas of service, research and training.

As of January 1, 1970, the Louisiana Family Planning Program was serving an estimated 40,000 patients (one-third of Louisiana's poverty families in need of family planning services) in 88 clinics in 63 of the State's 64 parishes, or counties. At the presently anticipated level of funding, and maintaining current levels of patient acceptance, Family Planning, Inc. should be serving about 100,000 women in the next year and a half, or more than three-fourths of all the poor women in the state in need of these services. This is, in my belief, the first U.S. family planning program systematically designed and implemented to offer services to all of the poor families of an entire state.

We have demonstrated in Louisiana that the family planning goals set by President Nixon in his message to Congress in July, 1968—to offer in the next five years to *all* U.S. families regardless of income, the opportunity to plan their children according to their own desires—is feasible and practical. And we have demonstrated also that the health and social benefits for poor families and their children that are implied in these goals are very real and very considerable.

There is no question in my mind that the success we are achieving in Louisiana can be replicated in every community, every state in the Union. But I do not believe that this can be done on the scale and in the time period called for by the President without the development of a coherent, adequately funded, well-coordinated national family planning service delivery system, integrated with research, evaluation and training, such as is comprehended in H.R. 11550.

I think it is important here perhaps to look back and trace the development of Louisiana's state-wide family planning program:

Prior to 1965, there were no organized family planning services in the state. It was, in fact, a felony to disseminate family planning information in Louisiana. This meant, in effect, that while the well-to-do could get birth control assistance through their private physicians, the poor had virtually nowhere to turn for help in planning their families. The impetus to get the law reinterpreted and offer contraceptive services to the poor came from a number of persons associated at that time with Tulane University who were convinced that the lack of access to family planning information and services was a major obstacle to family health and stability among the poor. A population and family studies unit was formed at Tulane which, in 1964 and 1965, completed a comprehensive study of families in a large urban area of the state (Metropolitan New Orleans) and a smaller rural area (Lincoln Parish).

Our studies bore out our hypothesis that the poor accounted far out of proportion to their numbers in the population for the major health and social problems affecting families, and that this correlated very closely with their lack of knowledge about contraception and reproductive physiology, and their lack of access to medically supervised family planning services. For example: only 26%

of the female population of reproductive age in New Orleans was poor but it accounted for: 56% of live births, 88% of illegitimate births; 68% of births to women under age 19; 72% of stillbirths; 80% of maternal deaths; and 68% of infant deaths.

Half of the pregnancies among lower socio-economic group women culminating in infant or maternal deaths occurred to women who, on the basis of their previous medical histories, were predictably "high risk" before they became pregnant, i.e., they had experienced a previous stillbirth or infant death, or their last pregnancy resulted in a premature or out-of-wedlock birth. In contrast, very few of the upper socio-economic group women studied who had catastrophic outcomes of pregnancy had ever had a previous reproductive event which would make them predictably high risk.

Only 28% of the poor used any form of contraception, compared to 85% of the upper and middle income group.

More than 90% of the poor showed marked ignorance about reproductive physiology, family planning and the causes of infertility. Eight out of ten poor women in the study had their first child before the age of 18; and were five times as likely not to complete their high school education as those who delayed their first child until beyond the age of 18.

Despite the lack of knowledge of the poor about family planning and their low level of contraceptive practice, however, they expressed considerable motivation to limit and space their children. While they had an average of nearly five children each before they were 26 years old, 60% of them had wanted no more than three children. Three-fourths of them did not ever want to become pregnant again; nine-tenths of them felt it was their right to plan the size of their families, and wanted their children to have information about birth control. Of the population surveyed, consisting of all racial, religious and economic groups, 91% thought family planning was a basic right and 93% favored offering services to the poor. Armed with such findings we were able to work with the State Board of Health to secure a re-interpretation of the criminal code in August 1965, which made it legally permissible to operate medical family planning clinics in Louisiana.

Our next step was to open a demonstration family planning clinic to "test" in life what our studies indicated in theory; mainly that provision of adequate family planning information and services would result in a high level of utilization by poor families, resulting in significant improvement of their lives and health. By September 1965 the Lincoln Parish Family Planning Clinic was in operation. The results of that program are worth summarizing here:

Within three years the program had served 75% of all the poor Lincoln Parish women who needed family planning services. Although this was a very poor and somewhat socially disorganized population (36% had no male family head, 24% were on welfare and 31% had had their first pregnancy by the time they were 17 years old), 74% of this group was still utilizing the services of the clinic at the end of the three-year period. This large response to the program has resulted in a major reduction not only in the number of births to poor families, but in the number of out-of-wedlock births.

From 1964 to 1968 there was a decline in indigent births of 44% in Lincoln Parish, compared to a decline of 25% in four surrounding control parishes which were similar to Lincoln in all respects except that they had no organized family planning programs.

The decline in out-of-wedlock births to the poor was even more spectacular: a decrease of 50% in Lincoln compared to 12% in the control parishes in women who had experienced a previous pregnancy out-of-wedlock.

By the time the Lincoln Parish program had operated for 18 months we felt that we knew enough about how to design a family planning program for medically indigent women to extend it to a larger area. In July of 1967 we began services in Metropolitan New Orleans with a population of over one million persons:

Starting in 1966, under the auspices of Family Planning, Inc., we started to expand our program, first to New Orleans, then to other parts of the state. Although New Orleans is a far larger and far more complex community than Lincoln Parish, we found the response to the program to be even more marked and more rapid. Within the two years, the program was serving some 17,500 patients, an estimated 75% of the poor families in need of family planning help.

While it is still too early to measure accurately the efforts of the program on indigent births and illegitimacy, we expect results at least as marked as occurred in Lincoln Parish. Soon after the inception of the New Orleans program we began systematically to expand services throughout the state. Within two years (July 1, 1969) we had services in place in 33 parishes.

By early 1970 we were in 55 parishes, and we had 88 clinics in operation in 63—all but one—of the state's parishes, providing services to 40,000 patients. At the beginning of this year, new patients were enrolling in the program at a rate of 3,000 per month. In addition, there were 17,000 revisits by continuing patients each month. By July 1971, within four years of initiation of our first large-scale program in New Orleans, we estimate that we will be serving about 100,000 patients, or 75% of the state's poor women who need subsidized family planning help.

What does all this prove? And how does it relate to the Bill you are considering today?

I think we have conclusively demonstrated that voluntary family planning programs receive overwhelming and sustained response from poor families if the programs are adequately funded, systematically organized and delivered with respect for the patient's dignity, privacy and convenience. We have demonstrated too that this kind of response leads to significantly lowered fertility, reduced illegitimacy and improved health status for poor families.

We have been successful in Louisiana as a research and demonstration program; we have been able to obtain funds and, thus far at least, to maintain and expand support from a wide variety of funding sources, public and private (At the present time, the Louisiana Family Planning Program is receiving support from 19 different sources.). We do not believe many of these sources of support whose main interest is research and demonstration would be able to make funds available to other communities on a large scale. Indeed, even our own program in Louisiana cannot continue to meet the mounting patient needs and face indefinitely this kind of diversity and instability in our funding base.

Nor is such a diversity desirable, since the needs of the program must constantly be adjusted to a wide variety of eligibility requirements, program guidelines and funding patterns which wastefully consume staff time and reduce program efficiency. This problem is well illustrated by the maze of program and funding years for each of our grants. I should like to emphasize for this Committee that almost all of the funds employed in our program have been national funds either from Federal agencies or from private foundations. If we had had to depend on the availability of local funds, we would never have been able to do the job (in fact, we have had to use our foundation funds in some instances to supply the local matching funds required under current federal granting policy.). I am quite certain that the unavailability of local funds on the level needed for a mass program will be a major obstacle in all states, even in those more richly endowed.

What is required is adequate long-term flexible funding from an H.E.W. agency with clearly defined program guidelines and the broadest possible eligibility requirements with regard to income, age and parenthood status. Such a national agency should be able to fund *all* of the necessary components of a successful local family planning delivery system so that the agency does not have to go "shopping around" to various funding sources for the various program components required, as is presently the case. What are these necessary components? Our experience in New Orleans indicates the following minimum components as necessary for any local family planning delivery system:

(1) Medical services, including consultation, examination, prescription and continuing supervision, supplies instruction and referral to other medical services as needed.

(2) Outreach-follow up system, including patient identification, contact, recruitment, appointment, support, follow-up and continuing education.

(3) Planning, evaluation, development and coordination, including application of modern management technology to a goal-oriented program.

(4) Financial management to assure a cost-effective, efficiently run program.

(5) Research, both of an operational and a clinical nature, to be built into the medical and evaluation systems.

(6) Social and ancillary services, including such necessary supportive services as gonorrhea screening and social as well as medical services for teenagers.

(7) Community education, to bring to the various components of the community an understanding of the goals and importance of the program.

With these components in place, we believe a family planning delivery system capable of doing the job can be created. This kind of efficient system, initially, is more expensive than less well-developed programs. In the long run, it turns out to be more economical because only this sort of system has the capacity to reach, serve and sustain the patient involvement of the total population in need of services. Thus, while I believe that the sums authorized for services in HR. 11550 are a great improvement over current funding levels, I must state frankly my conviction that ultimately larger sums will be necessary to do the job proposed.

If there is really any intention of meeting the goal of reaching all women in need, funds must be available. I understand that the Congress, in this period of tight budgets, is somewhat reluctant to authorize what appears to be a large amount of money. However, our statewide program in Louisiana will require \$5 million in Federal funds in calendar 1970. In addition to this, we will have to raise, from private contributions, another \$1.5 million in matching funds. The total funds authorized in HR. 11550 for project and formula grants in FY 1971 is \$40 million. Even when added to other project grants presently authorized this amount would enable only a small number of states to establish comprehensive programs. Just assuming for a moment that we could establish statewide programs in every state for no more than it is costing in Louisiana the total Federal funds necessary this year would be \$250 million. This program doesn't provide that much even in FY 1975.

HR. 11550 proposes an expanded, flexible funding arrangement. It would provide too, for the consolidation of programs, now scattered and fragmented, into a coherent and clearly visible national family planning delivery system. Both funds and organizational efficiency are vitally needed at the current stage of family planning program development. Our own experience would suggest that without this kind of increased and more flexible funding, without this kind of consolidation and reorganization of programs, it will not be possible to maintain present programs and impossible to meet the goals which the President announced last year, and to which we as a nation are committed.

Mr. ROGERS. Thank you very much, Doctor. Dr. Carter?

Mr. CARTER. I want to compliment the doctor on his presentation and the wonderful work he is doing in New Orleans.

I have no questions.

Mr. ROGERS. Thank you. I must say, too, I am impressed with what you have done and I want to make sure—now, is there any compulsion in your program at all?

Dr. BEASLEY. No, sir. Not that we have knowledge of. We have monitored the program for this problem, particularly in the early stages of development because we would want to be the first to know this was occurring and stop it. This, as far as we can tell, has not been a problem. We have actually taken patients, nurses, people who are employees of other parts of the program in other parts of the State, and have sent them through the program incognito, in an effort to see if coercion was a problem. We do this kind of thing on a monitoring basis. We have not found coercion. In addition, since we have hundreds of auxiliary workers who are working in the neighborhoods throughout the State and a patient advisory group, we would very rapidly know about coercion.

Mr. ROGERS. Thank you so much. We appreciate your presentation here.

We are going to try to continue for a while if we can, because we have such a large number of witnesses.

Our next witness is Mrs. Jane C. Browne of Evanston, Ill. Is she present? Welcome to the committee and we will be pleased to have your testimony. It will be made a part of the record at this point and if you would like to summarize your major points it would be appreciated.

**STATEMENT OF MRS. JANE C. BROWNE, EVANSTON, ILL.**

Mrs. BROWNE. Thank you very much. I appreciate the opportunity to testify before this committee. My testimony is not long and I think it—

Mr. ROGERS. You may proceed.

Mrs. BROWNE (continuing). I think it does present another point of view.

My name is Mrs. Jane Cotton Browne. For 18½ years I served as executive director of Planned Parenthood affiliates in different parts of the United States. I was executive director of Planned Parenthood of Chicago for 11 years and was deeply involved in the controversy over birth control and public policy in that city as well as in the State of Illinois. Soon after the advent of oral contraception, we had the largest individual caseload in the Western Hemisphere and perhaps the world; 28,000 patients in 1 year made a total of almost 150,000 visits to our centers. I might add that we had 38 clinic sessions per week in 19 locations. I know firsthand the problems and rewards of administering a large family planning program.

Early in 1969 I resigned to accept a fellowship at the Adlai Stevenson Institute of International Affairs, for I am vitally interested in the worldwide population problem. I have traveled extensively, visiting and consulting with family planning programs in Asia, the Middle East and Africa. I am currently under contract with Westinghouse Learning Corp. as a family planning specialist.

My request to testify before this committee, Mr. Chairman, comes from a deep concern over the problems I have seen. I speak for the millions of women all over the world, but most particularly the very poor in our own country who want to limit and/or space the number of children they bring into the world. Far too little money has been allocated by this Government or other governments to meet the need. In the United States alone we could use twice as much money as has been voted by Congress. Many proposals have not been funded because of lack of funds. For example, in fiscal year 1970, HEW had to severely cut the amount requested by the Family Planning Coordinating Council of Metropolitan Chicago, seriously curtailing the budgets and activities of agencies in that city. Hospitals wanting to establish family planning programs do not know where to look for the dollars needed. Programs have been prevented from expanding because of lack of funds. Some agencies have had to let good staff go because funds were not forthcoming. Others have lost staff to other agencies with better salary scales. I know firsthand these maddening frustrations. I know what it is to try to wade through the maze of bureaucracy and redtape of Government agencies in a vain effort to secure funding. Some of the regulations and guidelines are idiotic. There is far too much talk and not enough "do".

Literally millions of women of low income are being denied family planning services because of lack of funds and know-how. Thousands upon thousands of poor women are denied the freedom of choice in determining the number and spacing of their children; to reduce the number of unwanted pregnancies. An improvement in the delivery of health services for the poor, with the provision of family planning services, can result in lowering the maternal and infant morbidity

rates, reduce the incidence of prematurity and birth defects, and improve the health of mothers and their infants.

Studies and, more important, experiences have shown conclusively that the majority of women, no matter how poor, do want to limit the size of their families. The problem has been, and is, lack of services or knowledge of the existence of such a service if there is one.

Statistics show that families with five or six children have 4 times the poverty rate of those with only one or two. Birth rates among the poor are attributable to ignorance, lack of motivation, and lack of contact between the patient and available services. We must eliminate these barriers which prevent us from reaching the goal of providing family planning services for all the poor and medically indigent in the United States. This would do more than eliminate unwanted births—it would improve maternal and child health, housing, the quality of education, and the quality of life to which Mr. Rockefeller referred. It would also have an effect on delinquency reducing, crime, and other social ills.

Those of us who have worked out in the boondocks can cite many examples of the benefits of family planning. We have seen the need and the positive results when services were available. The common theme stated by so many women is "If I'd only known about this before."

This summer I have been working in the rural areas of Missouri, Oklahoma, and Texas. The poverty one sees there is abysmal. It makes me angry. Human beings should not have to live that way. I have visited families living in tumbledown shacks with holes in the roof, no windows or screens, and no running water. Last week I visited a family living in a dilapidated boxcar. That mother of six has been visited a number of times by an Outreach worker of the local OEO family planning project and has now finally agreed to come in to the clinic. The worker was to drive out this week to provide the necessary transportation. She will also bring all six children in for inoculations. The youngest child has been seriously ill with dysentery.

In Oklahoma I observed an OEO family planning project in Osage County. There the Outreach workers—very dedicated nonprofessionals—are doing a superb job in interesting low-income mothers in family planning. These Outreach workers have known poverty themselves and are now working to help others. An example of this is Helen Patton, 38, the mother of eight children. Her husband had been very ill and they had been on welfare. She learned about family planning 2 years ago when she became a Headstart mother. Since then, she has been employed by OEO as an Outreach worker in family planning. Neither she nor her husband earn much money now, but they have been able to get off welfare and to move into a better house. Her co-workers told me that Helen had undergone a personality change. From being a very shy withdrawn individual, she has become an outgoing happy person.

The administrator of the Butler County health department in Poplar Bluff, Mo., recently reported on its family planning program funded by OEO. He told of his two Outreach workers who were once receiving welfare. These were young women with small children receiving aid to dependent children funds. They are now full-time employees of the health department and recently took examinations to

become licensed practical nurses. In talking to one of these workers, I learned what this job had done to her self-image. As she said, "It has raised my station in life." She also pointed out that if she had been successful in her job it was because "I like people and I believe in family planning."

On behalf of all the women who need this help, I urge this committee to push with haste for the passage of bill S. 2108 and H.R. 11550, which provide for very essential funds and, hopefully, will do away with the confusion and frustration in HEW which has been with us for so long. I also urge the Congress of the United States to provide the Office of Economic Opportunity family planning program with the funds it needs. This agency of the Government is attempting new, imaginative ways to reach low-income women and should be encouraged.

For those of us who have worked in this field during the agonizing years of controversy, when almost no one would work in family planning or support it, it is indeed heartbreaking to see good projects go begging even now for lack of funds. Total commitment on the part of both governmental and voluntary agencies is needed to get the job done in the short time we have left. Let us not have our children say we have failed them in this endeavor. Let us do a good job so we can say to other nations, "Do as we do"—rather than "Do as we say."

Mr. ROGERS. Thank you, Mrs. Browne, for your statement. Your experience is very impressive in this field. We appreciate your being here.

Mr. Kyros?

Mr. KYROS. Mrs. Browne, in your experience, particularly in regard to the legislation before us, do you see any problem of compulsion, that is, the Federal Government forcing people to have a limited number of children or to accept contraceptive procedures or methods that they should not? Do you see that in this bill?

Mrs. BROWNE. No, I have not seen any difficulty in this bill. As a matter of fact, I think that it is essential that this bill be passed, as I have pointed out, because at the present time, low-income women are being denied a service which middle- and upper-income women take for granted. No, I do not see any chance of coercion. I would be very opposed to that.

Mr. KYROS. Thank you very much, Mrs. Browne.

Mr. ROGERS. Thank you so much, Mrs. Browne. We appreciate your presence here.

Our next witness is Mr. Bradley W. Evans of Triumph magazine, Washington, D.C. We welcome you to the committee. We are pleased to have your testimony at this time. Your written statement will be made a part of the record.

#### **STATEMENT OF BRADLEY WARREN EVANS, ASSOCIATE DIRECTOR, THE SOCIETY FOR THE CHRISTIAN COMMONWEALTH**

Mr. EVANS. Yes, Mr. Chairman, I ask that you indulge me because some of these things have not been covered before.

Triumph magazine is a monthly Catholic publication which has its offices here in Washington. We at Triumph do not claim to represent all of the more than 47 million Roman Catholics in the United States,

but we do claim to articulate the views of a significant number of Catholics who are concerned about Christianity and its honest relation to the American Government. In this regard I shall attempt to delineate briefly how many Catholics (and many non-Catholics) view the legislation being considered here today—that is, viewing it not in isolation but as merely one aspect of a movement on the part of the American Government which has lurid implications for genuine respect for human life.

As you all know, Pope Paul VI, in his encyclical *Humane Vitae*, has reaffirmed the position of the church and the fundamental tenets of the natural law in expressly prohibiting and condemning artificial contraception. Therefore, we are confronted initially here with the fact that tax moneys being employed by the Government in the furtherance of the dissemination or promotion of artificial contraception is not only a blatant affront to the religious beliefs of Catholics, but represents at once the use of taxes extracted from Catholics for activities which their faith bids them explicitly reject.

An equally important point in the consideration of the legislation and that is in attempting to bring birth control devices into the reach of the "economically underprivileged" (or those who might not otherwise be able to obtain them readily), the legislation frankly aims at the "poor"—as Mr. Preyer noted the other day, perhaps arguably, that it tends to concentrate overzealously on one particular race, black people. This interpretation would give rise—were the Genocide Convention ratified by the U.S. Senate—to the charge that the U.S. Government is practicing genocide by aiming its life prevention programs at one particular race.

This charge, of course, has already been heard from many black militants and some other blacks who are not generally considered militant—for example, Cecil Moore, NAACP leader in Philadelphia who claims that such programs as this bill represents are really designed to reduce the black population.

Mr. KYROS. Who said that?

Mr. EVANS. Cecil Moore, NAACP in Philadelphia.

Mr. KYROS. What position is he—

Mr. EVANS. I believe he was one of the members of the board of directors of the NAACP in Philadelphia when he said it.

The plausibility of these charges, gentlemen, is conceivable because implicit coercion is virtually inevitable when Government provides birth control assistance—especially to welfare recipients. Dr. Allen C. Barnes of Johns Hopkins Hospital has illustrated the point by analogy to the private relations between doctor and patient:

We say that we will let the patient choose—but who is fooling whom? The way we present this to the patient not infrequently stacks the selection, and her choice is heavily influenced. We are not letting the patient choose as we innocently disclaim we are.

This "I would let the patient choose" is an innocent phrase to use, but in the long run, we push an opinion on people psychologically more than we realize.

Another aspect of birth control as a direct attack on the poor is given in an HEW document (Implementing DHEW Policy on Family Planning and Population, Washington: HEW, 1967, p. 14, et seq., attachment B) which states that "Elite reactions to the higher fertility of the poor have always implicitly subsumed the compulsion idea as

the 'realistic' solution for people who are regarded fundamentally as irresponsible, immature, and animal-like."

"Admit it or not," one Planned Parenthood Federation official put it (David Dempsey, New York Times Magazine, Feb. 9, 1969, p. 82), the genocide faction has a lot of evidence on its side." "What it all comes down to," another PPF board member says, "is that we want the poor to stop breeding while we retain our freedom to have large families. It is strictly a class point of view." (Ibid.) I am sure that many of you have received mail in your congressional offices which urges you to do something about all these people who breed and breed. I saw much such mail during my tenure as a congressional staff member, just like that.

My point here is that we must all be aware that charges of direct and indirect genocide cannot be lightly regarded—for, as a matter of fact, they are not entirely without foundation.

However, from the speedy passage of this bill by the other body, I believe that I can assume that the "genocide" argument (i.e., that the program is directed at the poor, and to a certain extent, at the blacks) is obscured or overshadowed in your minds by the desire to do something about the so-called population explosion.

Let me point out at first that far from nothing is being done at the present time in this regard. For example, there are right now population divisions within the Departments of HEW, Commerce, Defense, Interior, and State—as well as several extradepartmental executive positions concerned with the matter. Within HEW alone there are numerous activities, for example, a projected \$1.1 million 1970 expenditure in "family planning" by the Food and Drug Administration, \$2.4 million by the Health Services and Mental Health Administration, \$3.5 million by the Office of Education, \$13.6 million by the National Institutes of Health, \$17 million by medicaid and Public Assistance and \$31.5 million by the Children's Bureau. This gives HEW a 1970 total for "birth control" of \$69.1 million. In addition, OEO's Office of Health Affairs reports 230 "family planning" projects serving 350,000 people in 1969—these services being available to low-income women in 1,200 of the Nation's 3,072 counties.

The U.S. Government admits to a total domestic expenditure on "family planning" of \$88.9 million in 1970.

The truly tragic aspect of all this is the fact that the U.S. Government has allowed itself to get bulldogged into squandering more billions of the taxpayers' money on the strength of the exaggerated assertions of a group of prophets of environmental apocalypse.

Gentlemen, I believe we should try to honestly and rationally assess the situation. Is there a population explosion?

The birth rate of the United States today is less than nine-tenths of 1 percent, 8,500ths of 1 percent to be exact.

For 49 percent of the land area of the United States is still classified as "farmland" although only a small fraction of that is needed for agriculture and only 5 percent of the U.S. population inhabits it.

Eighty percent of the U.S. population is crowded into less than 5 percent of U.S. land area.

There are, in fact, 11 acres of land for every man, woman, and child in the United States.

At present the United States has the lowest birth rate in its history, while many countries (such as Russia), are actually trying to increase births. And any of you who have read the preliminary reports of the Census Bureau people will know that there exists no such thing as a "population explosion" in America.

The so-called "environmental pollution" of certain parts of the United States appears to arise from the fact that we have always been so sparsely populated that we have not yet learned to exercise the environmental wisdom exhibited by the more experienced European countries. This is evidenced by the fact that the Netherlands, although its population is 20 times more dense than that of the United States is noted—at least, I noted—for its scenic beauty and cleanliness.

A slight digression, if you will permit, is in order to examine for a moment the global situation.

The Food and Agricultural Organization (FAO) of the United Nations has reported that food production continues to outstrip population growth. The problem here would appear to be one of food distribution.

U.N. population density figures reveal that the so-called overpopulated countries of the world suffer, in fact, not from too many people per square mile but simply from economic underdevelopment. This is evident in a case, again, of the Netherlands—which has over twice as many persons per square mile as supposedly overpopulated India and five times the population density of China.

Also, due to what is often termed the "green revolution" which has taken place in agriculture in the last few years, countries to which the United States was once shipping grain to prevent apparent famine in the mid-1950's, such as Pakistan and India, are now on the verge of exporting these very same commodities.

Noted British economist, Dr. Colin Clark, estimated that the world, whose population should not exceed 6.1 billion by the year 2000 (as opposed to the claims of wild men like Paul Ehrlich), has sufficient arable land to sustain a population of 47 billion according to present U.S. dietary standards and 157 billion, according to Japanese dietary standards.

And this does not take into account the possibilities of modern agricultural techniques vastly increasing the food supply. As Dr. Harrison Brown of Cal Tech has said:

Given the increasing technology, which I am convinced can be developed, the earth has ample resources to enable persons the world over to lead abundant lives.

Now surely, with 90 percent of all the scientists who ever lived living today, that same much-touted technology whose genius put a man on the moon is capable at least of finding some other way of cleaning up its own waste products than by getting rid of man himself—of enhancing the quality of human life without preventing it.

I could catalog statements by level-headed scientists to the effect that there is no population disaster at all. Think of the vast, untapped resources of the sea. Food production is virtually limitless.

And space—living room? It is hard for us as Americans, after having "population explosion" drummed into our tractile skulls, to fathom the fact that if you took all the people in the world and gave

each one 6 square feet of ground to stand on, they would fit into about four-fifths of Suffolk County, which covers the eastern half of Long Island, N.Y., and there would be 16 square miles left over.

If, then, there is ample food and ample room, why is everyone running around like Chickens Little? Actually, despite the clear anti-human life bias of such Nixon administration stalwarts as Dr. Roger Egeberg, Dr. Lee DuBridge, Mr. Russell Train, Congressman George Bush, Tricia and others, someone in this Government establishment seems to be keeping their collective head. Let me quote to you from a recent (July 20, 1970) Weekly Compilation of Presidential Documents, "Summary of the Report to the President by the National Goals Research Staff," which states:

... Students of the overall size of our population are in no agreement as to precisely what the size of our population will be by the year 2000, nor on what an optimum population size for a Nation such as ours would be. But, more recent projections suggest that the increase in our population over the next 30 years may be considerably less than the additional 100 million that had generally been forecasted. In fact, it may even be that the present rate of increase will slacken off so that we will reach the zero growth rate that some demographers have been advocating.

Then, the Goals Research staff continues:

We have before us a set of decisions. One which appears not to be urgent is that of overall size of the population—even after the effects of a considerable amount of immigration are taken into account.

The problem which we should be focusing on, says the staff, is that of "population distribution." In other words, it seems obvious that we have a crowding problem. The natural move to decentralization—that is, the desire of people to get out of the big cities to greener and bigger pastures—has been artificially frustrated by Federal programs (such as urban renewal) most of you probably voted for that on this committee, which are deliberately designed to keep people in the overcrowded cities. So that instead of funneling millions and billions into these kinds of programs, and programs directed at the most sacred aspect of human life, you gentlemen should be considering the authorization of more funds to do what needs to be done, that is, redistribution.

But, at the bottom of this monumental attack on human life is something more fundamental than mere neglect. The same motivations that cause us to provide \$54.1 million in "family planning" devices to other countries this year, impels us to pass bills such as the one under consideration here today. The reason why this bill is seen as necessary is the same reason that, when the less-developed countries look to Uncle Sam for help, all the United States can do is ship them crates of condoms and abortifacients. In short, it is easier to prevent life than accept the natural end of the sex act and provide for the babies which result. America is indifferent to life, but what is worse, America seems to positively harbor an abhorrence of it.

The perversion of the procreative act is one way, such as "birth control," leads to other perversions (such as homosexuality). The Ripon Society suggested in a recent publication, I think in June or maybe May, that homosexuality was a perfectly good way to control the population since obviously, not too many other men are going to have babies. We begin to condone it. We lose our respect for life. We legalize the murder of children within the womb, we pull down our abor-

tion laws. We begin to get rid of those individuals who are "unproductive" (as Hitler said of the Jews and as we say of the fetuses). We get rid of the "useless eaters" or unproductive citizens (as our eloquent Vice President has put it). We do away with all those old people who are such a drag upon our society.

What you are doing here today has the gravest and most far-reaching implications. This is but one facet of the attack on life mounted by the U.S. Government. The Government's intrusion into this personal and sacred domain is coercive, it is totalitarian, it is immoral—and it solves nothing, since you are attacking the wrong problem. It also does not go unnoticed.

Because it is immoral, and because it is so plainly motivated by a hatred of human life rather than even so much as a sincere desire to rectify a problem, the Government is now going to have to deal with those who value human life—not the least of which are its Christians.

Gentlemen, we oppose this bill and we oppose what will probably make you report it out of subcommittee. But we as Catholics—drawing support from wherever and whomever we are able—do not intend to accept your decision or the decisions of the American political system. We shall not be "good Americans" and stand by as the "good Germans" did. We shall fight you and your unjustifiable government until you are forced to kill us, too.

Gentlemen, we request that you kill this monstrous piece of legislation where it stands.

Mr. ROGERS. Thank you very much, Mr. Evans.

Mr. EVANS. Thank you, Mr. Chairman. I wish that Dr. Carter had stayed around. I think he is grossly misled about the situation in India. But maybe I will not go into that since he is not here now.

Mr. ROGERS. Well, perhaps you would like to make—to submit a statement for the record or send a copy to Dr. Carter because I am sure—

Mr. EVANS. Well, I will go and see him. I have known him for years.

Mr. ROGERS. Mr. Kyros?

Mr. KYROS. Just one point, Mr. Evans. You said some people consider this bill a process of genocide, particularly against blacks. Is that right? Mrs. Shirley Chisholm, a Representative from New York, stated in her testimony:

I am asking that all of those family planning services available to the middle-class, rich, and white be made available and accessible to the poor, black, and brown. The primary one which is not available at present, under safe and sanitary conditions, she said, is pregnancy terminations.

In any event, if you read her testimony which she gave to the other body, Mrs. Chisholm, a mother and Representative and a black lady, indicated that she felt that contrary to what you indicate, black people should have these services.

Mr. EVANS. Well, Mrs. Chisholm also thinks John Lindsay is the best mayor of New York.

Really, my point here is that you are quoting one black person to me and I am quoting another black person to you. Neither of us as far as I can tell, is black and I would think the only point I am trying to make there is that there is an opinion among black people that indeed may be the situation, that certainly, some of the Panthers, many of the

Panthers regard it as genocide, at least, they have said, and I was quoting to you one black leader from the NAACP in the hope maybe he would carry more weight than the Panthers.

Mr. KYROS. I do not think on this or any other issue I would give much weight to the opinions of Panthers, but this is aside from the discussion here. The real point is that if there is compulsion in this bill on people, I can see how we can talk in terms of genocide on whites, blacks, brown, or any other kind of people. If there is no compulsion, then I do not see how we can use a harsh word like genocide.

Mr. EVANS. The reason I quoted Allan Barnes, he illustrates the implicit coercion some medical people think is involved in something like that. The implicit coercion Dr. Barnes used, it seems to me, ought to be considered by the subcommittee because it can be a very serious problem. Dr. Guttmacher, when he was talking about—you asked him, I think, Mr. Kyros, whether or not—how early are we going to start with these people and I think when he revealed to the subcommittee Tuesday that prepuberty, preadolescent children were already, as a matter of fact, receiving contraceptive devices in order that they become accustomed to them when they become sexually active, that is the kind of thing we are leading to with this bill and I do not think we will deny that that kind of thing contains an implicit coercion, an element of implicit coercion in getting these children, really children in grade school, and in high school and things like that and start giving them these things, they are going to become accustomed to them and I do not think we can say that is not an implicit coercion. Dr. Guttmacher has some very definite ideas about what needs to be done in the future. It is not just artificial contraception like the pill and things like that.

He wrote a little article in "The Prophecy for the Year 2000," edited by a guy named Falk, in which he said in the year 2000 abortion as he saw it, would be just another standard means of contraception. I do not think we can deny, I do not think you gentlemen can deny that that kind of thing is coming. You can see it in the trends. Dr. Egeberg said abortion should be a backstop to birth control. Mr. Train, Russell Train, has said there may be a necessity for coercion in these matters. George Bush, your colleague in the House, who is running for the Senate in Texas, has made a similar statement. He headed up the population growth investigation. And Tricia, the reason I included her in this, Tricia Nixon, was she thinks abortion is perfectly acceptable also.

Mr. KYROS. I do not know that that is a fact at all.

Mr. EVANS. Well, I heard it on—

Mr. KYROS. I think everything you have said is really interesting and I think all the members of the committee who view this bill and heard the proponents think your testimony is really worthwhile and stimulating.

Mr. EVANS. I think we should consider those matters about the population explosion. I think one other thing we should consider also, I deleted from my testimony, I, to be perfectly honest with the subcommittee, I think for the subcommittee to be perfectly honest with the rest of the people, it seems to me, that so far the members of the subcommittee have disposed to programs favoring the bill. I think I could gather that from what I have seen in the days of the testimony I have heard.

Mr. KYROS. You do not think members of the committee take the pill.

Mr. EVANS. They do not have it for you yet. They will, as Dr. Segal said, in a few years at which point you said, oh my God. But I think that it should be clear on the part of many Catholics, and I certainly cannot speak for all of them, a lot of people are concerned about human life no matter what your decision here is and I think it is probable you are going to report the bill out but I am not going to accept the decision and a lot of other Catholics are not going to accept it, either, and that when it comes to the matters of life, the tactics are relatively unimportant. You take that for whatever it is worth.

Mr. ROGERS. From what I understand, this whole approach is to be individual determination—

Mr. EVANS. Well, as I say—

Mr. ROGERS (continuing). Where each individual does decide, if you want this information, you can get it. If you do not, you ignore it.

Mr. EVANS. Yes, Mr. Chairman.

Mr. ROGERS. You can go to get information about, from what I understand now, the rhythm method. They want to do research on that. Let people be advised of this. And this would be consistent with a certain religious sector in the country. I would think that approach is consistent with what you believe.

Mr. EVANS. Yes, Mr. Chairman. The point I was trying to make was the overall spectrum of everything they would like to lead it to, abortion and things like that, but if the Federal Government were only involved in doing research on the rhythm method I would still oppose it. The Federal Government does not have any business doing research on the rhythm method. The Federal Government does not have any business doing research on sexual matters like that. That is a private concern of the family. I would oppose that also, because of the dangers that are in it, because of the dangers of big government bureaucratized, centralized state. I think we always have to be careful of these things and a—

Mr. KYROS. You will grant, though, that unless some private groups do research, who can probably do it much better, but if they cannot and are not funded, the Government certainly has a business of looking out for people's health, and basic reproduction, the biological process, is part of the people's health. Looking into the relationship between two people, it seems to me, we want the healthiest possible babies and the best genetic conditions. We want the best diets for expectant mothers and best postnatal care. I think those are all objectives.

Mr. EVANS. I am not sure that—are you saying Government wants the best babies? It seems to me Hitler wanted the best babies. Does the U.S. Government see it as a function of the Government to get involved? I will not agree that the Government has any interest in the world in saying we ought to have the healthiest babies possible. I think—

Mr. KYROS. You do not?

Mr. ROGERS. I think that is just a basic disagreement because this is a health committee and this is one of our main programs, to try to improve the health care of the American people.

Mr. EVANS. OK, the American people, but not necessarily preventing the people from existing so you can administer the health.

Mr. ROGERS. We did not say that. You saw these slides, did you not, where there are—

Mr. EVANS. I saw the slides from a parish in Louisiana.

Mr. ROGERS. The slides showed what often happens with retardation, and we have a bill on helping to meet this problem.

Mr. EVANS. You say—

Mr. ROGERS. Retardation, diet help, too close spacing. Do you think this is bad, to let a woman know that?

Mr. EVANS. I know I think it is extremely bad for you to tell them how to space their children.

Mr. ROGERS. You do not tell them. You give them information and education.

Mr. EVANS. And then we are back to implicit coercion.

Mr. ROGERS. And they can do whatever they want to; right?

Mr. EVANS. No. That was my point about implicit coercion. Do you not agree a billion dollars is going to do something besides just provide something?

Mr. ROGERS. Well, I do not know.

Mr. EVANS. Well, if you do not know, Mr. Chairman, if you do not know, then you are taking a terrible risk in trying to determine—

Mr. ROGERS. What I am saying is we are making up our minds, and if we write the legislation, we will write it where there will be no coercion, but the committee will decide those matters and we are certainly not going to get into a lot of problems that you brought up such as abortion.

Mr. EVANS. I certainly hope that that statement—that you can say that a few years from now. Dr. Guttmacher has very different ideas. I sincerely hope you hold to it.

Mr. ROGERS. Dr. Guttmacher is not a member of Congress and does not write the law. He expresses his opinion just like you do and we get both of your opinions in order to try to determine what is the best for the health of the American people and I think the points you have made have been made very effectively and we do appreciate your being here.

Thank you so much.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. ROGERS. Our next witness is the Reverend James T. McHugh, director of the Family Life Division, U.S. Catholic Conference.

Father McHugh, it is a pleasure to have you with us and your statement will be made a part of the record and we will be pleased to receive your comments. If you could highlight, it would be helpful.

#### **STATEMENT OF REV. JAMES T. McHUGH, DIRECTOR, FAMILY LIFE DIVISION, U.S. CATHOLIC CONFERENCE**

Father McHUGH. Thank you, Mr. Chairman, members of the committee. I am the Reverend James T. McHugh, director of the Family Life Division of the U.S. Catholic Conference, and I am grateful for the opportunity to appear today and testify on behalf of the National Conference of Catholic Bishops on S. 2108, H.R. 15159 and the other population bills presently under consideration by this committee.

I would like to begin with some preliminary remarks on law, public morality, and the teaching of the various churches in a pluralistic

society. Government is not expected to formulate law on the basis of the religious convictions of any particular church. However, in the formulation of law, the convictions of all citizens and their various faith communities should be taken into account. Moreover, there are certain principles of morality taught by the various churches that are also part and parcel of the legal tradition of democratic society. So, respect for human life, the freedom of the spouses to determine family size and the frequency of birth, the responsibility of social institution to support family life would be among the concerns of the churches and the State that are pertinent to the legislation before us. Finally, there are some questions—particularly those dealing with the life-death decision, such as abortion, infanticide, euthanasia—that transcend any particular theological approach. Consequently, Government must proceed with the greatest caution in legislation that involves these matters, and legislative proposals should be based upon considerations of the overall needs of the people, with clear and reasonable assurance that such legislation will in fact support the common good.

Adequate concern should be given to the rights of the individual couple in a democratic type of government. There are different orders within society and, of course, the Government attempts to assign to various segments of the society responsibility to pursue its own business without the Federal Government encroaching thereon.

Let me turn now to the question of the Government's role in regard to population control.

In 1966, the American Bishops issued a statement on the Government and birth control, spelling out the principles involved in this matter. In November 1968, the National Conference of Catholic Bishops, in their pastoral letter "Human Life in Our Day," restated that position in the context of a more positive and comprehensive proposal as to how Government policy might more effectively support family life. Again in November 1969, the National Conference of Catholic Bishops expressed their opposition to the increased activity of the Federal Government in programs of birth control. Finally, in April 1969 and in April 1970, the NCCB voiced strong opposition to liberal abortion laws and the trend toward abortion on demand. All of these statements are appended to my testimony, and I would ask that the basic statement on Government and birth control (November 1966) be included in the record.

The basic principle upon which my testimony rests today, I would like to just emphasize that the basic principle underlying my statement is that decisions regarding family size and the frequency of births must be left to the spouses and their decision should be reached without interference from the State or any other agency. Such a decision must be free of any type of outside coercion.

Mr. KYROS (presiding). Let us stop right there for a moment, reverend, if we may. Now, there are two ways to look at this, it seems to me. On one side one could say if any information is provided by the Government to some people who cannot get all the information, there is, as a prior witness said, some kind of implicit coercion. On the other hand, someone could say if some women just do not know anything about the reproductive processes, and apparently they do not from some of the facts we have been told, then they really cannot make a decision, as you use this word decision, because it is not a

decision based on knowledge. So, how do you escape that problem about people who do not have the information, and the problem about if the Government tells them through some clinic or nonprofit agency then perhaps there is implicit coercion?

Father McHUGH. Well, the rest of my testimony expects to go into those precise matters.

Mr. KYROS. All right. Please proceed.

Father McHUGH. At this point I would like to emphasize that the United States is long overdue in establishing a family policy for the Nation. Such a family policy must be comprehensive, positive, supportive of family life. It should include income and work programs such as those contained in the family assistance plan; a unified health-care program; an education program that would include early childhood education, better vocational education, and adult education programs in addition to our present institution of learning. It would also include specific welfare assistance for those families and individuals with special needs. In the absence of such a family policy, family planning, and birth control programs are a limited and negative approach to family life, very often based on pragmatic decisions that overlook the dignity of the individual and that are questionable as to intent and expected results. The present legislation is a case in point.

This brings us to a consideration of the question of governmental coercion, a matter that deserves some further clarification. Coercion of the individual takes place when overzealous welfare workers, medical personnel, maternal, and child health specialists attempt to pressure an individual mother or couple to avoid further child-bearing. It is difficult to ascertain how often this happens, but it is a reality, and guidelines of various Government agencies have been drawn with the specific intention of prohibiting it. I might also indicate that the emphasis throughout the bills before us makes every effort at least verbally, to avoid such a possibility.

More serious and more dangerous, though, is that pervasive and subtle coercion that takes place when the Government involves itself massively in this type of social legislation. Government activity is hereby calculated to establish certain limited values, and to condition the attitudes of the people in support of these values. When vast sums of money are authorized for birth control, and Government agencies set goals, standards, and norms, and put forth great efforts to bring about conformity on the part of the people, the Government then has taken the role of advocate, and it will be extremely difficult, if not impossible, for the individual to pursue a personal policy different from that of the Government. Moreover, at this point Government is not reflecting the attitudes of the people, but is actually determining those attitudes.

I realize that the various bills under consideration state the intention to provide family planning services, on a voluntary basis, to all who desire such services. However, the statement in favor of voluntariness is hollow when Dr. Roger Egeberg, the man in Department of Health, Education, and Welfare, with primary administrative responsibility for the legislation, has already stated that he does not think voluntary family planning is the right goal. He also maintains that even if family planning services are provided for

the estimated 5 million women who probably want but cannot get them, this will not be enough. Dr. Egeberg wants to work for "a change in national mores" on the question of family planning. At the same time, he views abortion as "a makeup for contraceptive failure," which should be made available to every woman who wants it.

In the record of the vote on S. 2108 in the Senate, one of the co-sponsors of the bill has stated that this legislation is a good first step, but that it must be followed by legislation limiting family size to two children and by a totally permissive Federal abortion law.

Finally, the authorization of such massive sums for family planning services is based on the supposition that the alleviation of poverty and the reduction of maternal and infant mortality can be effectively achieved by providing such services to the 5 million women who are denied access to them. This hypothesis is not, however, supported by firm evidence. In regard to poverty, there is no assurance that birth control service will help the poor to be freed from the condition of poverty. At the same time, the matter of the 5 million women denied access has been seriously questioned by demographers, notably Judith Blake.

Mr. KYROS. Let us go back to that point. Authorization of such massive sums for family planning services, et cetera, is based also upon a supposition of reducing infant mortality. Now, nowhere in this paragraph do you controvert that. You say it will not pull people out of poverty and it may well not, but you do not say anything about the reduction of infant mortality. Do you dispute the figures and facts from doctors that many of these infants born to these women in poverty, sometimes unwanted children, unfortunately, and unplanned children, have a higher rate of infant mortality than other children?

Father McHUGH. No; I do not dispute that, but by the same token, nobody has conclusively proven that the use of birth control devices in itself will cut down on infant mortality. The burden of my testimony today, Mr. Kyros, is that when the Government gets into this area it is getting in on a very limited and negative basis. That is the legislation before us. When we are concerned about infant mortality, child-health care, pediatric care, prenatal, natal, postnatal care for the woman, we are into a much more expanded program than we have in the legislation which we are discussing right now.

Mr. KYROS. I want you to know—

Father McHUGH. I was quite impressed with Dr. Beasley's testimony but that is one limited project. There is no assurance as far as I can read it, in the bills before us that in fact the painstaking efforts already experienced by Dr. Beasley are going to be followed in the projects that will be funded.

Mr. KYROS. Well, I might be naive but my own attitude toward this program, if any such program ever came about, is directed to just what you are just talking about: the child's health, making people live, and if this is going to be voluntary, somehow making information, whether it is on the rhythm method or other methods, available. The real issue, it seems to me, is just what Dr. Beasley testified to. I read his testimony and I was very impressed by it.

Father McHUGH. Well, I have read of Dr. Beasley's work and I am very impressed by it, too, but I do not think that you really claim to be naive. I think that the reason we are here today, the reason that you and the other members of the committee have been here before, is to try to make the law as precise and as helpful as possible, not to leave wide gaps in the law where we cannot be assured that the noble ideals of many people will be realized. There are other people with ideals that fall far short of those of Dr. Beasley's project or of the ones that you articulate here and I would like to be certain whatever is written into public law in this country will reflect these ideals and will in fact, try to pursue them.

At any rate, to return to my own testimony, the legislation before us is silent on the matter of abortion. Efforts to modify State laws on abortion have triggered off a long and intense discussion on this question. Although there are some such as Dr. Egeberg who see abortion as a backstop for contraception, and feel it should be available on request, the vast majority of ethicists from various faith communities, as well as the people themselves, do not see it in this way. The silence of the present legislation on this topic makes it even more dangerous and unacceptable.

Mr. KYROS. You mean you see a possibility here of abortions being part of even the present bill? You see a danger?

Father McHUGH. Yes, I do, Mr. Kyros. There are some people who consider abortion as another form of contraception, such as Dr. Egeberg, who once again I repeat, is the chief administrative officer.

Mr. KYROS. You said that twice and I would like to ask you where that statement of Dr. Egeberg appears? Do you have the authority for that?

Father McHUGH. Yes, I do. Dr. Egeberg made the statement in a public speech on a number of occasions, notably May 11, 1970, before the Planned Parenthood of Cleveland, Ohio, October 1969, at a meeting of Planned Parenthood-World Population as reported in the New York Times.

Mr. KYROS. Thank you very much.

Father McHUGH. You are welcome.

Mr. KYROS. Then, you believe from his statement and from some portions of the bill that possibly they consider abortion as a method of contraception?

Father McHUGH. Yes, that is precisely my concern, that in the absence of any specific reference to abortion as a method of contraception, there would be some who would consider it such and would expect that the funding that this bill carries with it would be made accessible for abortion as well as for other methods of contraception.

I feel it is the responsibility of this committee to clearly write into the legislation a prohibition of abortion as a method of contraception.

The various legislative proposals contain authorization to fund private, nonprofit agencies, institutions, and organizations for the provision of family planning services. We are opposed to the utilization of public moneys for the funding of private agencies whose whole

intent is to promote birth control. In some cases, such agencies are pursuing a particular ideological conviction, that is, that limitation of family size is good for all families and people should be persuaded to have small families, indeed, even restricting family size to two children. Such an approach is unacceptable because it is a negative and limited approach to the needs of families, and because it places the prestige of government in support of one ideological position. When I say limited, I mean it approaches only the question of controlling fertility. It fails to provide broader health care to all women, especially the poor who always need it.

So, too, in the area of funding for research. I would want to make it quite clear that I am in favor of research, I am especially in favor of research in the whole area of reproductive biology. However, if research moneys are allocated merely to improve contraceptive technology, the health needs of mothers and children are ignored, and such research and the service it promotes falls far short of the needs for improved prenatal, delivery, postnatal and pediatric care as outlined in the 1967 NICHD report, "Optimal Health Care for Mothers and Children: A National Priority." I would like to emphasize also that the President's Commission on Population and the American Future is now embarked on a macroscopic research effort and we will learn a great deal as it pursues its work and renders its reports. Its study is not only in the area of reproductive biology but in demography, with particular concern for the strain that population allocation and population distribution will place upon existing resources, with the intent to discern some of the resources that we will need to meet the population distribution in the future. I think that is a realistic and a constructive approach to the whole problem but I also feel that the legislation before us is attempting to solve the problem before the problem has been clearly defined. In fact, there is concern within this legislation for reports being rendered within 6 months whereas the life of the Commission is 2 years. So, too, the Study of National Goals which has just been released, seeks to elicit a dialog on the popular level on questions of population distribution.

Perhaps the most significant weakness of these various legislative proposals is the underlying assumption on which they are built, namely, that America is experiencing a population explosion and every effort must be made to check population growth. To begin with, current projections for population growth have been revised downward, and as the Report on National Goals indicates, our more serious problem is really one of population distribution.

The particular challenge facing America is to lead all men to realize that social problems such as poverty, injustice, racism, and war seriously limit man's enjoyment of human life, and are destructive of his dignity. In our attempts to find solutions to these problems, we must be wary of the utilitarian concept of man that measures the value of the person in terms of what he does, what he produces, or what it costs society to help him become self-sustaining. Such a view of man is limited and pragmatic, and directly opposed to the concept that man is made in the image of God and is entitled to acceptance,

care, and concern on the part of the society of which he is a part. Consequently, because of the failure of the present bills to sufficiently insure the freedom of the spouses, and for the other reasons that I have already stated, I am opposed to the passage of this legislation.

If I might backtrack for a moment to the question that you put to me at the outset of the testimony, I would like to make it clear that one of the concerns of the Family Life Bureau, and an important personal concern to me, one which has required a great deal of effort over the past 2 to 3 years, is the whole question of sex education, from birth to maturity. When you ask what might happen to people who need some knowledge of the reproductive cycle, I would hope that we will be able to construct good, value-oriented programs of sex education reflecting the best scientific knowledge, the best anthropological and sociological knowledge, and a real concern for religious values and religious teaching so that in time we will be able to raise up another generation of Americans who will have a positive attitude toward their own sexuality and considerably more information about it than most of us were benefited with as we passed from adolescence to adulthood. I think this is a priority.

I think maternal health care is a priority. I think we have a long way to go. As I indicated in the testimony, I think we really need a family policy for the Nation which will be the comprehensive policy under which many of these programs fit. The present legislation seems to me to be an ad hoc response to a supposed problem, at present one in which there is a certain amount of unresolved thinking. When we have debates between Judith Blake and Oscar Harkavy, I do not think the Government ought to accept Dr. Harkavy's views merely because he did the research and wrote the report on which they based many of their conclusions. I think we have to have further discussion. I do not intend to solve the problem. I do not think I can sit in judgment on either of these two eminent demographers.

Mr. KYROS. What you say is all very well and sound but the President, in establishing the Commission on Population Growth in the American Future, struck out in several directions about demographic problems, distribution problems, labor problems. Also, one of the problems was family planning services, and he made the remarks that I cited earlier.

Father McHUGH. Yes, I am aware of that.

Mr. KYROS. The President wants legislation that is noncompulsive and would make available to some people whom he felt existed, an estimated 5 million women of childbearing age, access to information they might not otherwise get. I think your testimony is most interesting and I think the points that you have made certainly should be kept in mind by the committee.

Thank you very much.

Father McHUGH. Thank you, Mr. Kyros.

(The attachment referred to follows:)

# ON THE GOVERNMENT AND BIRTH CONTROL

STATEMENT OF THE ADMINISTRATIVE BOARD  
OF THE  
NATIONAL CATHOLIC WELFARE CONFERENCE

November 14, 1966

The good of the individual person and that of human society are intimately bound up with the stability of the family. Basic to the well-being of the family is freedom from external coercion in order that it may determine its own destiny.

This freedom involves inherent personal and family rights, including the freedom and responsibility of spouses to make conscientious decisions in terms of nuptial love, determination of family size and the rearing of children. The Church and the State must play supportive roles, fostering conditions in modern society which will help the family achieve the fullness of its life and mission as the means ordained by God for bringing the person into being and maturity.

We address ourselves here to certain questions of concern to the family, with special reference to public policies related to social conditions and the problems of our times.

In so doing, we speak in the light of the Pastoral Constitution on the Church in the Modern World adopted by Vatican Council II. Faced with our Government's stepped-up intervention in family planning, including the subsidizing of contraceptive programs at home and abroad, we feel bound in conscience to recall particularly the solemn warning expressed in these words:

"... [There] are many today who maintain that the increase in world population, or at least the population increase in some countries, must be radically curbed by every means possible and by any kind of intervention on the part of public authority. In view of this contention, the Council urges everyone to guard against solutions, whether publicly or privately supported, or at times even imposed, which are contrary to the moral law. For in keeping with man's inalienable right to marry and generate children, the decision concerning the number of children they will have depends on the correct judgment of the parents and it can in no way be left to the judgment of public authority" (Constitution on the Church in the Modern World, sec. 2, n. 87).

Therefore, a major pre-occupation in our present statement must be with the freedom of spouses to determine the size of their families. It is necessary to underscore this freedom because in some current efforts of government — federal and state — to reduce poverty, we see welfare programs increasingly proposed which include threats to the free choice of spouses. Just as freedom is undermined when poverty and disease are present, so too is freedom endangered when persons or agencies outside the family unit, particularly persons

who control welfare benefits or represent public authority, presume to influence the decision as to the number of children or the frequency of births in a family.

Free decision is curtailed when spouses feel constrained to choose birth limitation because of poverty, inadequate and inhuman housing, or lack of proper medical services. Here we insist that it is the positive duty of government to help bring about those conditions of family freedom which will relieve spouses from such material and physical pressures to limit family size.

Government promotion of family planning programs as part of tax-supported relief projects may easily result in the temptation and finally the tragic decision to reduce efforts to foster the economic, social and indeed moral reforms needed to build the free, enlightened society.

In connection with present and proposed governmental family limitation programs, there is frequently the implication that freedom is assured so long as spouses are left at liberty to choose among different methods of birth control. This we reject as a narrow concept of freedom. Birth control is not a universal obligation, as is often implied; moreover, true freedom of choice must provide even for those who wish to raise a larger family without being subject to criticism and without forfeiting for themselves the benefits or for their children the educational opportunities which have become part of the value system of a truly free society. We reject, most emphatically, the suggestion that any family should be adjudged too poor to have the children it conscientiously desires.

The freedom of spouses to determine the size of their families must not be inhibited by any conditions upon which relief or welfare assistance is provided. Health and welfare assistance should not be linked, even indirectly, to conformity with a public agency's views on family limitation or birth control; nor may the right to found a large family be brought properly into question because it contradicts current standards arbitrarily deduced from general population statistics. No government social worker or other representative of public power should in any way be permitted to impose his judgment, in a matter so close to personal values and to the very sources of life, upon the family seeking assistance; neither should he be permitted to initiate suggestions placing, even by implication, public authority behind the recommendation that new life in a family should be prevented.

For these reasons, we have consistently urged and we continue to urge, as a matter of sound public policy,

a clear and unqualified separation of welfare assistance from birth control considerations — whatever the legality or morality of contraception in general or in specific forms — in order to safeguard the freedom of the person and the autonomy of the family.

On previous occasions we have warned of dangers to the right of privacy posed by governmental birth control programs; we have urged upon government a role of neutrality whereby it neither penalizes nor promotes birth control. Recent developments, however, show government rapidly abandoning any such role. Far from merely seeking to provide information in response to requests from the needy, Government activities increasingly seek aggressively to persuade and even coerce the underprivileged to practice birth control. In this, government far exceeds its proper role. The citizen's right to decide without pressure is now threatened. Intimate details of personal, marital and family life are suddenly becoming the province of government officials in programs of assistance to the poor. We decry this overreaching by government and assert again the inviolability of the right of human privacy.

We support all needed research toward medically and morally acceptable methods which can assist spouses to make responsible and generous decisions in seeking to cooperate with the will of God in what pertains to family size and well-being. A responsible decision will always be one which is open to life rather than intent upon the prevention of life; among religious people, it includes a strong sense of dependence upon God's Providence.

It should be obvious that a full understanding of human worth, personal and social, will not permit the nation to put the public power behind the pressures for a contraceptive way of life. We urge government, at all levels, to resist pressures toward any merely mathematical and negative effort to solve health or population problems. We call upon all — and especially Catholics — to oppose, vigorously and by every democratic means, those campaigns already under way in some states and at the national level toward the active promotion, by tax-supported agencies, of birth prevention as a public policy, above all in connection with welfare benefit programs. History has shown that as people lose respect for any life and a positive and generous attitude toward new life, they move fatally to inhuman infanticide, abortion, sterilization and euthanasia; we fear that history is, in fact, repeating itself on this point within our own land at the moment.

Our government has a laudable history of dedication to the cause of freedom. In the service of this cause it is currently embarked upon a massive, unprecedented program of aid to underdeveloped nations. Through imaginative and constructive efforts, it shows itself willing to do battle with the enemies of freedom, notably poverty and ignorance. We gladly encourage our government to press this struggle with all the resources at its disposal and pledge our cooperation in all the

ways in which we or those responsive to our leadership can be of assistance. Our nation's duty to assist underdeveloped countries flows from the Divine Law that the goods of the earth are destined for the well-being of all the human race.

In the international field, as in the domestic field, financial assistance must not be linked to policies which pressure for birth limitation. We applaud food supply programs of foreign aid which condition our cooperation on evidence that the nations benefited pledge themselves to develop their own resources; we deplore any linking of aid by food or money to conditions, overt or oblique, involving prevention of new life. Our country is not at liberty to impose its judgment upon another, either as to the growth of the latter or as to the size of its families.

Insofar as it does so, our country is being cast in the role of a foreign power using its instrumentalities to transgress intimate *mores* and alter the moral cultures of other nations rather than in the historic American role of offering constructive, unselfish assistance to peoples in need. Indeed, we are aware of existing apprehension in the minds of many of the peoples of the world that the United States, in its own great affluence, is attempting, by seeking to limit their populations, to avoid its moral responsibility to help other peoples help themselves precisely that they may grow in healthy life, generous love and in all the goods which presuppose and enrich both life and love.

Programs inhibiting new life, above all when linked to offers of desperately needed aid, are bound to create eventual resentment in any upon whom we even seem to impose them and will ultimately be gravely detrimental to the image, the moral prestige and the basic interests of the United States.

Obviously, therefore, international programs of aid should not be conditioned upon acceptance of birth control programs by beneficiary nations. Equally obvious, however, should be the fact that, in the practical administration of overseas assistance, neither direct nor indirect pressure should be exerted by our personnel to affect the choice of spouses as to the number of children in their family. In the international field, as in the domestic field, both our government in its policy and our American representatives in their work, should strive above all to bring about those economic and social advances which will make possible for spouses conscientious family planning without resort to contraceptive procedures fostered among them by controversial policies backed by American political power and financial aid.

Sobering lessons of history clearly teach that only those nations remain stable and vigorous whose citizens have and are encouraged to keep high regard for the sanctity and autonomy of family life among themselves and among the peoples who depend in any way upon them. Let our political leaders be on guard that the common good suffer no evil from public policies which tamper with the instincts of love and the sources of life.

Mr. ROGERS (presiding). Mrs. Ray Kuffel of the Civic Awareness of America, Milwaukee, Wis.

Mrs. Kuffel, welcome to the committee. Do you have a prepared statement you can give us?

# **STATEMENT OF MRS. RAY KUFFEL, NATIONAL COORDINATOR OF CIVIC AWARENESS OF AMERICA**

Mrs. KUFFEL. I only have the one available.

Mr. ROGERS. Please proceed as you wish, Mrs. Kuffel.

Mrs. KUFFEL. Mr. Chairman, and—I guess the other members have left after this long session.

First of all, thank you for giving me the privilege to be heard. My name is Mrs. Ray Kuffel and I am speaking as national coordinator of Civic Awareness of America. I have a Bachelor of Science degree in nursing from Marquette University, 1947, and am a former public health nurse.

Dr. Kuffel and I are the parents of eight children and we are here to represent our point of view at our own expense. However, this morning I do also speak on behalf of my organization.

I am here on behalf of Civic Awareness of America and represent the millions of decent, hard-working, taxpaying citizens who support our position of total opposition to population control by our Government and the use of our tax moneys for said programs. We wish to go officially on record in opposition to H.R. 15159 and S. 2108 and all other related bills. Even consideration of such legislation is not within the province of the Government. The God-given right to life and to transmit life is guaranteed under the Constitution and must not be violated. Therefore, it is neither the function nor the purpose of Government to sponsor or promote programs of population control. Government's proper role is to protect the lives of all its citizens, including the unborn, and to protect the right to transmit life.

We are not only appalled that such legislation is being seriously considered because it is a violation of our Constitution but also the highly questionable manner in which it has come about with an apparent disregard for the democratic process of government.

Mr. KYROS (presiding). Just a moment, Mrs. Kuffel. What apparent disregard for the process of government? I do not understand that.

Mrs. KUFFEL. I am sorry, sir. I did not hear you.

Mr. KYROS. The statement you just made.

Mrs. KUFFEL. Yes, I go on to substantiate that. I will be glad to. I have before me here a copy of the Congressional Record that we inserted May 10, 1966. We also inserted one in 1965. And let me review briefly for you what a little bit of birth control for the poor under the Antipoverty Act, a program that was initiated, implemented and funded with tax moneys, without birth control ever being a part of the program with due process.

If I can recall to your memory, the amendment to the OEO Act was placed on law after the fact. The people were neither informed nor consulted regarding population programs when the bill was enacted which included, under the Milwaukee proposal, such plans as the use of sexmobiles running about the streets promoting their so-called

services. At that time, nowhere in the provisions of the EOA of 1964, Public Law 88-452, was there a mention of, discussion of or referral to such birth control programs. Furthermore, by submitting this excerpt from the Congressional Record of that date as part of this record (see p. 374), we will go on to document that under AID, U.S. Department of the Interior, the Department of Health, Education, and Welfare, many programs were implemented by directive and mandate and policy without the law having been written to carry them out.

At this time I wish to further bring out a point of a seeming violation of the democratic process and that would refer to the appointment of a Secretary of Population Affairs by administrative fiat and now it seems we have the legislation before us that would create this position under the law. This trend of initiating and implementing population control programs, quietly and swiftly behind the scenes, has reached the point where you now have proposals before you which violate our guaranteed constitutional right to life and the right to transmit life of every family in the land.

How is it possible that we have reached this point in the history of our country where our legislators are seriously considering controlling the very right to life of its citizens? Perhaps the clue can be found in the manner in which S. 2108 has come before you. We are appalled that this bill was unanimously approved by the Senate without debate. Where is the representation of the people? Considering the provisions of this bill, it certainly is not in keeping with the Judaeo-Christian concepts fostered by the majority of the citizens of this country, and I might add, under which our penal code was adopted. Is the citizen to conclude that the provisions of the bill reflect the moral standards and character of our Senators?

Mr. KYROS. Just a moment, Mrs. Kuffel. I did not happen to be in the other body when they passed this bill but I know there were extensive hearings on S. 2108. Did you have an opportunity to testify?

Mrs. KUFFEL. No, I did not. I was not informed.

Mr. KYROS. Well, you probably were not informed personally, we cannot inform everyone personally, but certainly you got the notice of our hearings somehow because you are here today.

Mrs. KUFFEL. No. This was only because we received a notice last Friday through our Congressman and very frankly, we were disturbed because we have noticed the preponderance of witnesses all in favor of population control bills and we are beginning to find out that perhaps we are not getting the same type of information regarding the hearings as the proponents. We certainly will make sure that our Congressman and Senators keep us better informed.

Mr. KYROS. Well, I want you to be certain that as far as we are concerned here, in this subcommittee, we have given notice out and have tried to make everybody aware.

Mrs. KUFFEL. We received a letter last Friday and because we do all have other occupations it is rather difficult, to attend the hearings at such short notice. As a matter of fact, it was only Wednesday evening that I made up my mind that it was comfortable to leave my children to come. I can hardly save the world if my children are not taken care of.

Mr. KYROS. Well, if I had darling children I would be loath to leave them.

Mrs. KUFFEL. Well, my children are very capable. The Senators have, by passage of this bill, gone on record publicly to sanction and approve fornication, adultery, sterilization, and abortion as a way of life.

Mr. KYROS. Now, Mrs. Kuffel, I do not think that in S. 2108, the U.S. Senate has gone on record to approve fornication—

Mrs. KUFFEL. According to the provisions of the bill we have before us, there was no age limit, no marital status regarding the issue of so-called family planning. What one man may give as an interpretation of so-called family planning, there are others that will give you a different one. I will be glad to quote to you the resolution of the American Health Association and the Planned Parenthood Association—their public statements are that abortion and sterilization are simply the surgical means of birth control or so-called family planning. I have here with me Family Planning Hot Line, volume 2, No. 1, January 1970, Perspectives of Family Planning. It is in their own literature.

Mr. KYROS. Well, I do not know why that particular body has suggested here that the U.S. Senate publicly sanctions and approves fornication, adultery, sterilization, and abortion and I think it is an extension of your argument that is unwarranted, although I respect your views and your right to state them.

Mrs. KUFFEL. Well, Mr. Chairman, I might ask, if you are not married and you get a contraceptive, what purpose would it serve?

Mr. KYROS. I have no idea.

Mrs. KUFFEL. Well, written into the bill there is no provision for marital status. As to my understanding of a contraceptive, it serves but one purpose.

Are these the standards they want for the sons and daughters of America? For themselves and their children—for our own families? And, do they wish to impose these standards by law on our society? Will you, honorable gentlemen, also give evidence to such standards? Is this what we are to convey to the grassroot citizens—the taxpayers, the mothers and fathers—that this is the norm, the standard, that will be held up for their youth? Will you also make liquor and drugs available to anyone, of any age, for any purpose? Wouldn't we have to if we followed their logic?

Also, in H.R. 15159, according to its provisions, are we to assume that under the Public Health Service, the Secretary will be allowed to foster, promote and use the power and prestige of the Government and its tax moneys to train personnel to go around and I quote from the bill, "effectively enforcing" so-called family planning? Is it not true that this effort is to be sure there is no child—therefore, no family?

Mr. KYROS. Just stop right there for a question. I certainly see your objections to the bill and I respect them, but you do not really think it is the intent of any group of people, Senate or this body or any other, to see that there are no families?

Mrs. KUFFEL. If I would have to take into consideration all the testimony that I have heard and read, by the proponents, I would have to say that we are headed for the movement that was already started in

my State, and particularly among our college people, the so-called Zero Population Group. I would have to object, furthermore, that when the Commission on Population Growth and the American Future was established under President Nixon's administration that the Commission just met last week, behind closed doors, and they have already made a decision, without any study, and I would like to read a quote, and I will tell you what appeared in my Milwaukee paper—August 3, 1970, the Milwaukee Journal. Dr. Westoff, the executive secretary of the commission, has stated that we now should only have one child each. If you would pursue this further, and ask, would the Government really enforce this, or would it be voluntary, I can only bring up to you, an example. My husband is a dentist—for many years dentists did not want to be under social security. Today we are under it. I would say that something that starts out voluntarily under the Government sometimes ends up as not being voluntary. Having been a former public health nurse, I will go on to say that when the power and prestige of Government and moneys are put behind a program, and we were told to go out, for instance, on a tuberculosis clinic, I do know that they beat the drums to put forth their message.

This particular article, "Family Planning Hotline,"<sup>1</sup> will tell you how in New York City they use Fifth Avenue public relations type advertising for the promotion of their wares. Yes, there is a built-in coercion in this program.

Mr. KYROS. For their what?

Mrs. KUFFEL. To get their program going, a promotional sales pitch for their wares, the contraceptives, and so forth. And they are then developing the attitude that the Federal Government believes contraception is a good thing for all, and I would like to recall to you that in Japan when this same movement was developed there, after 20 years they are now paying you an allowance if you will have a third child because this contraceptive mentality has left Japan short 1 million workers, and I might add, that Japan is not a Christian nation. So, you see it is purely an economic move on their part.

So, I am saying our Government should not promote this contraceptive mentality because it does not look like it is a good thing for all, based on the experience of other countries.

Mr. KYROS. You are worried then, that if the Government even begins to give, through governmental agencies, nonprofit agencies, profit agencies, doctors, and hospitals, any kind of family planning services, it will ultimately mean a "contraceptive mentality" as you called it, or the production of no offspring?

Mrs. KUFFEL. I am afraid that mentality has already permeated our society. When we read our current literature it implies that having a baby today is like having a diagnosis of cancer. This attitude is reflected mainly among our young women. It is developing in our country—the contraceptive mentality and a subsequent loss of the sacredness of human life.

Mr. KYROS. I do not think there is anything more wonderful for a married couple than having a baby.

Mrs. KUFFEL. As far as my own personal belief, a married couple has the right to choose its own family size, but when the Government

<sup>1</sup> Family Planning Hotline, Perspectives, vol. 2, No. 1, 1970.

steps in with a contraceptive message, I am saying to you that this is an infringement of privacy. We have been subjected to it over nationwide TV and when we tried to get someone to rebuttal Paul Ehrlich, we have been told by one major network that they had searched for a year and could not find anyone. I offered to go myself but apparently, my status is not high enough to be a part of the program. We objected to that statement because we do know qualified people of the same caliber as Paul Ehrlich. For instance, Dr. Karl Brandt, Stanford University, who will tell you about this statement—he wonders if he should write a book about the underpopulated world.<sup>1</sup>

Mr. KYROS. Do you think we should have more people in the world and accept them at their own levels?

Mrs. KUFFEL. I believe you should handle the problems people create and not eliminate people. You will then balance your population just as we did during the depression days. I will further tell you if you are of the type that believes we do not have enough land or food—which is a little bit of a selfish attitude—then I would have to say it would be very simple for this particular city, for instance, to eliminate all of its people. You certainly will not have any traffic problems which cause air pollution problems. You will not have building problems, educational problems, but you will have a very dead society. As far as the number of people, testimony has shown, and I can present more if that is what you are interested in, to show you are underpopulated—that we have 56 people per square mile. The Senate Republican Policy Committee report, "Room To Grow," states we live on 1 percent of the land of the entire United States. So, I hardly think that the United States is overpopulated. As a matter of fact, I am disappointed we are losing our 10th congressional seat in the State of Wisconsin, due to the new census showing our lowered population.

Mr. KYROS. Well, who should move these people around from the eastern seaboard, for example, or the metropolitan centers? Should the Government do that?

Mrs. KUFFEL. Do you suppose we might stimulate our people as in the early days when this country was founded? Didn't we have to go through much of this with the immigrants coming over and people dispersing throughout the land? And in some particular areas where it became crowded others headed for the West and developed new cities? The State of California has 38 Representatives and if I remember correctly, it would take 13 Southwestern States to come up to that number of Representatives; and I think the figure was equivalent to one Representative for 435,000 people.

Mr. KYROS. That sounds correct.

Mrs. KUFFEL. So, you see that whole area of the 13 States really is underpopulated whereas California has a problem of too many people migrating there. Maybe what we have to do is ask the associations of commerce and some of these States to promote programs to get people there. I know, as a matter of fact, we are losing people and industry in Wisconsin due to our tax base.

<sup>1</sup> "This country will not be overpopulated with 350 million or many more people and will have a much higher standard of living." *Man: Resource of Resources*, 1963—National Observer.

Mr. KYROS. We are always asking people to come to Maine in the summertime.

Mrs. KUFFEL. I would say this, that I do not think government particularly has to do this. I think we have enough public relations firms that could handle this. The point is, that much of this should be left in the hands of the people—after all, that is what we are supposed to be doing in our Government. The less government the better, I was informed.

Mr. KYROS. I agree with that, too.

Mrs. KUFFEL. May I go on?

Mr. KYROS. Certainly.

Mrs. KUFFEL. Thank you.

It is not true that this effort is to be sure there is no child, therefore, no family? That moneys will be given to nonprofit organizations who have a vested interest in this kind of legislation? For clarification, I would like to say in the number of bills I received from my Congressman each and every one does specify nonprofit voluntary organizations, would be used and funded. Then wouldn't the American people be served by the Planned Parenthood and they do consider abortion and sterilization a means of family planning. Is it not a known fact that venereal disease is at an epidemic level? Is this legislation the manner in which venereal disease can be curbed? We hardly think so. Are you also going to consider legislation giving better "booze," for instance, to curb alcoholism? Is this the logic we will follow to answer any and all of our social, educational, and cultural problems? If our Government legislates to eliminate people at the beginning of life, how long will it be before, for purposes of "saving money," proposals will be recommended to eliminate those of us who are living, and I would like to insert in the record here that in the State of Florida a bill to legalize mercy killing has been introduced in that State. To further show the pattern of how population control can go from voluntary to coercion, in Hawaii, Senate bill No. 1421-70 has been introduced that states:

Every physician attending a woman resident of that State at the time she is giving birth in the State shall, if the woman has two or more living children, perform such medical technique or operation as will render the woman sterile.

Mr. KYROS. Such a bill has been introduced in the State of Hawaii?

Mrs. KUFFEL. Yes, it has.

Mr. KYROS. Well, you know, this is still a Republic. The Federal Government has no control—

Mrs. KUFFEL. Yes, sir, but I understand Senator Packwood's bill would provide for abortion on demand nationwide and would supersede the State laws, and bringing up that subject, the State of Wisconsin is very touchy when in two sessions of our legislature we actively opposed any change in our statute and yet three appointed Federal judges have just struck down part of our law. One can say do we have any States rights left if three appointed judges can rule on part of our State constitution? We now have murder legally in the State of Wisconsin in spite of the people's wishes.

Mr. KYROS. State judges.

Mrs. KUFFEL. No. Federal judges. Three Federal judges. Myron Gordon, Otto Kerner, and John Reynolds were the judges, the Federal judges appointed by President Johnson.

Mr. KYROS. I am not aware of the particular cases.

Mrs. KUFFEL. Well, the case is now before the Supreme Court, but in the meantime, the people of the State of Wisconsin, in two sessions, have defeated any change in the liberalization of the abortion law. The statute, in fact, has been struck down by appointed Federal judges, which we consider a very serious matter, so we wonder are there any States rights left.

Mr. KYROS. I notice in some States where some statutes on abortion have been stricken because of constitutional questions, that the legislators have been able to enact new statutes which resolve all the constitutional deficiencies and still operate to prevent abortions.

Mrs. KUFFEL. We are not at that point. Our case is coming before the Supreme Court in the fall and it is being challenged by many people.

Mr. KYROS. Please proceed.

Mrs. KUFFEL. Yes. Is this farfetched? This idea of elimination of people who are living? No—"mercy" killing has already been introduced in Florida. Gentlemen, we must repeat: It is not within the realm of Government to sponsor or promote programs of who shall live or who shall die.

If we have problems of environment, such as land use—we live on but 1 percent of our land—solve that problem. As for food I notice you do have legislation to restrict the giving of \$20,000 limit to any farmer not growing food. Let the farmland be used for food production. Air pollution?—suits are finally being filed to correct the automobile engine—it could have been done 20 years ago. This is but a brief remark to encourage positive programs to solve our problems rather than permitting Government to endorse and promote negative, anti-life programs. Wherever there are people, there are problems, but the solutions to these problems do not permit Government to tamper with life. We ask you, our legislators, to prevent this Hitlerian philosophy and subsequent programs from being adopted by our Federal Government. At this time, I would refer you to a book, "A Sign for Cain," by Frederick Wertham, M.D., and I would call particular attention to the chapter "The Malthusian Theory," to show you how clearly the groundwork is being laid in this country by the so-called scientists to promote the same thing that happened in Hitler's day. It is completely documented. I recommend it for your reading.

Mr. KYROS. What are the scientists going to promote?

Mrs. KUFFEL. In Frederick Wertham's book he stated very clearly, if you would care to have me read this—the book, "A Sign for Cain," the subtitle, "An Exploration in Human Violence"—

Mr. KYROS. If you can summarize.

Mrs. KUFFEL. Surely. He said that during the Nazi regime the most reliable estimates of the number of psychiatric patients killed purposely are at least 275,000 and he asks why did the German scientists, psychiatrists do what they did? Because of the book, "The Release of the Destruction of Life Devoid of Value," published in Leipzig in 1920. When Hitler came to power the seeds for the destruction of human life—had been sown by the scientists and the "progressive elite," which resulted in the harvest of 6 million skeletons." I quote, "In view of the steadily increasing clamor for compulsory birth

control by eminent scientists, physicians, demographers, and others, it is quite possible government will adopt their programs. There are an increasing number of scientists who consider science supreme and worthy of adulation and consider themselves the arbiters of life and death and of morals and of the law."

Mr. KYROS. Is it not a fact that in our own Nation in the last decade we have made very effort to keep alive those people who are mentally ill and have psychiatric problems, absolutely in contrast to Hitler?

Mrs. KUFFEL. No. I would have to say 10 years ago perhaps the sacredness and reverence for life was still very much in the minds of the people but when you can perform 3,000 operations for murder in the city of New York within a week and three women die as a result of legal abortions and still say it is better to abort even though we have lost all these lives, I would hardly say that we are much different than the pre-Hitler era. Very frankly, the testimony I have heard today by the proponents of the bill, and my own personal observation, I get the impression for instance, that—I have a child who wears a hearing aid due to an RH-negative factor and if I would believe them, this child should not be alive because she has a physical deformity. And if I listen to this testimony on mental retardation, et cetera, what they really said was no life rather than a life that might just not be quite perfect, but I do not think that too many of us are perfect. We either wear glasses or have dental work or maybe even do have a little psychiatric problem about what is going on in the world today, but this idea of perfect or quality people is the overwhelming testimony I have heard here today from the proponents.

Mr. KYROS. I have heard some testimony that would seem to indicate that in those cases where you would find out whether people would have cerebral palsy or mental retardation or cystic fibrosis, and you could find it out beforehand through family planning services, then you might advise the couple that they should not go ahead and have another baby because something like that would result. I think that kind of counseling—

Mrs. KUFFEL. That type of counseling—

Mr. KYROS. Wait a minute. That kind of counseling is something that you and I would hope to get from our private physician, and if we had some ladies who could not afford to have a private physician, and they got it from a clinic, I would think that kind of counseling would be worthwhile.

Mrs. KUFFEL. Mr. Chairman, if I might point out, I happen to be interested in tax work and am active in my State. If I understand the provisions correctly under the tax laws and under the health education and welfare and the vast amount from the Federal level to my State plus the moneys collected in my State, under our board of health and social services with the moneys allocated, with the 33 $\frac{1}{3}$ -percent increase in the last biennium, if any woman in the State of Wisconsin needs medical help of any kind, be it an X-ray, advice on how to have her children or not to have her children, then I am saying to you seriously, something is very wrong with the allocation of the funds or the help they have hired who are not performing their duties. But to set up clinics specifically to promote contraception as a way of life

is a violation of our constitutional right and religious freedom because this does not apply to all people of many faiths.

Mr. KYROS. Do you have medicaid in Wisconsin?

Mrs. KUFFEL. Yes; we do.

Mr. KYROS. Well, now, some States do not have that, you know. Is that right?

Mrs. KUFFEL. No, sir. I do not know that. I am referring specifically to my State where this program would have been brought in and the threats they gave us in the last legislative session when they tried to change our law on contraception, was that we would not get the \$20 million "goodie" money from the Federal Government if we did not give contraceptives to unmarried girls. This would then take off our statute books the statutes on fornication and adultery and, of course, would in effect, affect our marriage statutes of which our particular State happens to be proud. We have upped the age for marriage, in an effort to make boys and girls understand the responsibility of the married state. This change would have wiped the marriage laws, fornication, and adultery laws off the statute books, according to the Model Penal Code of the American Law Institute. This Code did come from England, incidentally, which is what we are following in this country. Because we fought to keep the laws on our books, they threatened us; we would lose \$20 million in funds from the Federal Government, said the proponents.

Well, we are able to get proof from one of our Congressmen that this was not so, but this was, a form of coercion, sir.

Mr. KYROS. Well, the point I would like to make is that if you already have these services available all over your State, you do not even need these additional clinics.

Mrs. KUFFEL. I am not saying that. We do not have under our State government any clinics designated specifically for the production of contraception, but if these bills would pass, you are then saying that, for instance, the Planned Parenthood, who has clinics in the city of Milwaukee, and, incidentally, one put in the inner city which since folded, they then would get Federal funds, our tax moneys.

So long as Planned Parenthood operates as a voluntary organization away from the Government I do not bother them. They are free to operate in the pluralistic society, but when they seek through the use of tax money to impose their views on me, then I must fight them because they are imposing their views on me in this pluralistic society with the taxes. I think here the Government had better be sure that the views of those of us who do not subscribe to the antilife philosophy of the Planned Parenthood are protected under the law. We will not tolerate the use of tax moneys for these voluntary organizations and their programs—who state they will train paramedical personnel—paramedical means anyone. It does not even mean a nurse; it does not even mean a doctor, it means they can send anyone into the homes of everyone, my home, and tell me whether or not they think I should have more children. That is none of their business. My home is my home.

Mr. KYROS. Well, one person I would not worry about if the Government wishes to cause compulsory—

Mrs. KUFFEL. No; I am sure they could not force me.

Mr. KYROS. Planned Parenthood would be you, and I wish everybody were like you. You are independent, have your own views, and I appreciate what you are saying here, too.

Mrs. KUFFEL. Well, then, might I ask—the Planned Parenthood, according to the figures I have, has a very high operating budget—why do they then seek Federal moneys for their programs? If they can do the job so well and have done it, according to their own testimony, why don't they just do it privately and leave the Government out of this picture, because then you invade my right to conscience. When you set up a clinic specifically just to teach contraception, that is not the same as a person seeking medicaid. That is not the same as a woman being treated for any medical problem, and frankly, let us not forget the man in this. Perhaps the Federal Government and State governments should remember they are not the natural father and pay the bills. Perhaps we should be a little more firm with the men who produce the children, also, not just the women. It takes two, I guess; and the man should assume his responsibility.

Federal laws affect every citizen of the land; therefore, population control programs would be imposed upon every one of us. The testimony of proponents in favor of population control by Government—and we refer to such organizations as the Planned Parenthood of America, Rockefeller Foundation; Mr. Rockefeller is president of our Commission, and Ford Foundation—clearly shows their desire to use billions of our tax moneys, such as proposed by this billion dollar birth control bill and H.R. 15159; to impose upon all of us their immoral antilife philosophy. Mr. Rockefeller has stated he favors quality people. I am not sure if I would qualify.

This philosophy violates not only our constitutional rights but also our religious freedom.

In conscience, gentlemen, we cannot permit the use of our tax dollars for these immoral population control programs by Government. We have thousands of petitions from across this land in opposition to the Government's involving itself in population control programs and funding of the same. We urge you gentlemen to vote against any such legislation for the good of our country—it would be disastrous if these United States of America were to adopt life and death population control programs in this land of the free.

In closing, might I add again that millions of decent, right thinking Americans across this country cannot and will not, in conscience, permit their tax moneys to be used by Government for immoral and amoral programs.

I thank you, sir.

Mr. KYROS. Thank you very much, Mrs. Kuffel. Your testimony has been very sincere. I know that your convictions are very well stated here on the record of the committee.

Mrs. KUFFEL. Well, I can assure you we will go back to our State—we do work nationwide and we will secure more and more petitions, sir, in opposition to all these bills.

Mr. KYROS. Thank you very much.

(The excerpt from the Congressional Record, referred to, follows:)



United States  
of America

# Congressional Record

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## Senate

### GOVERNMENT INVOLVEMENT IN THE SUBJECT OF BIRTH CONTROL

Mr. NELSON. Mr. President, pursuant to the request of Mrs. David R. Morilka, coordinator of the South Side Mothers Reverence for Life Group of Milwaukee; Mrs. Alvin Emmons, and Mrs. Ray Kuffel, coordinator and assistant coordinator, respectively, of the Civic Awareness Group of Greater Milwaukee, I ask unanimous consent that their statement be printed in the Record.

There being no objection, the statement was ordered to be printed in the Record, as follows:

JOINT STATEMENT BY Mrs. DAVID R. MORILKA, COORDINATOR OF THE SOUTH SIDE MOTHERS REVERENCE FOR LIFE GROUP OF MILWAUKEE; Mrs. ALVIN EMMONS AND Mrs. RAY KUFFEL, COORDINATOR AND ASSISTANT COORDINATORS, RESPECTIVELY, OF THE CIVIC AWARENESS GROUP OF GREATER MILWAUKEE.

For the past 10 months, we have been actively engaged in opposing Government involvement in the matter of birth control. This effort was initiated when the Planned Parenthood Association of Milwaukee, applied for Federal funds under the anti-poverty act. Because of the actions of an aroused citizenry and the opposition of duly elected public bodies, this application has not been approved.

It was not sufficient, however, to oppose Government involvement on the local scene alone since it became apparent that programs involving almost every phase of birth control were being implemented nationally—quietly and swiftly and behind the scenes—despite known and demonstrated

opposition and with an apparent lack of legal authority for the disbursement of public moneys for said programs. Note the following examples:

1. Economic opportunity act—over 15 projects funded:

(a) Nowhere in the provisions of the EOA of 1964, Public Law 88-452 is there a mention of, discussion of or referral to birth control projects in any form as possible programs for implementation.

(b) "There's no possibility the bill would allow any such thing (birth control)" promised the EOA floor manager in the House last year. (Newsweek, Sept. 13, 1964.)

(c) An amendment by Senator JEROME CLARK approved only by the Senate Labor and Public Welfare Committee was to grant official sanction to birth control projects already approved by the GEO. This amendment was never brought to the floor of the House.

(d) Authority for birth control grants under EOA is supposed to be found in a 1965 amendment which added the words "but not limited to" after the word "including" in reference to types of projects under section 205(a) of the EOA. (Communication from Richard S. Grant, Office of General Counsel, GEO, Oct. 21, 1965.)

2. U.S. Department of the Interior: Birth control information and devices available to the Indians and Eskimos by directive of the Secretary of said Department.

(a) Program justified by Secretary Stewart L. Udall on the basis that it is in line with a May 8, 1965, report of the National Research Council, National Academy of Sciences. (News release and directive of Secretary of the Interior, June 2, 1965.)

(b) Program justified by Secretary Udall on the basis that it is in line with President Johnson's state of the Union message relating to the population problem. (Communication from Congressman CLEMENT J. ZALOCKI, Aug. 12, 1965.)

3. Department of Health, Education, and Welfare: Programs are being implemented and Federal money is being disbursed under broad interpretation of authority under existing laws. Note: Use of Federal money for contraceptives to 15-year-old unmarrieds in Chicago.

(a) On January 24, 1966, HEW Secretary John W. Gardner quietly issued a directive that put the United States in the business of offering contraceptives and birth control instruction not just to families but to all American women, wed or not. (Newsweek, Apr. 11, 1966.)

(b) Mrs. Catherine Dettlinger, head of the Federal Children's Bureau, told an audience in Boston a few weeks ago that her department had a "clear mandate" from the President to support birth control programs.

4. United Nations: Eighteen-nation population commission has swung into action without majority approval and despite the fact that in 1962 a similar proposal was defeated in the U.N. Assembly.

5. Agency for International Development (AID): Considerable groundwork has been

established for an extension of family planning activities in the United States and abroad on the basis of a directive of AID Director David Bell.

(a) This groundwork was laid looking toward subsequent congressional approval of family planning under foreign aid. (Memo by AID to White House Conference, Nov. 29, 1965.)

(b) Dr. Edgar Burman, birth control specialist in the Latin American Bureau, cited provision enacted in 1963 which allows "research into problems of population growth" as the authority for AID action, but admitted that AID activities "beyond commonly accepted definition of research" and argued that AID's counsel believed that the provision allowed a loose interpretation.

(c) Dr. Burman contended that a public announcement of AID's increased emphasis on family planning had been made last March by AID Director Bell. AID officials admitted that no public statement had been made. Director David Bell simply had issued a field directive to AID personnel. (John H. Sullivan in the National Catholic Reporter, December 15, 1965.)

(d) Congressman ZALOCKI has challenged the AID's authority so much so that Senator FULBRIGHT has deemed it necessary to introduce an amendment which "specifically authorizes the use of economic assistance funds, on request, to furnish technical and other assistance for the control of population growth". (Apparently this authority does not now exist.)

Together with the implementation of programs it became clear, as Russell Shaw reported in February 1966, that a vigorous publicity and propaganda campaign was mounted to create an atmosphere of approval and consensus for Government birth control with the series of Senate hearings conducted by Senator FARMER GARDNER, of Alaska, on proposals to create population offices headed by assistant secretaries in HEW and the State Department, being a major factor in this drive. Testimony in the form of a letter dated August 31, 1965, was presented by the Honorable CLEMENT J. ZALOCKI, Member of Congress, Fourth Congressional District, Milwaukee, to the Honorable FARMER GARDNER, chairman of Subcommittee on Foreign Aid Expenditures, on behalf of Mrs. David R. Morilka, for inclusion in the hearings relating to bill S. 1676, 89th Congress, 1965. The testimony reads as follows:

MILWAUKEE, WIS.,  
August 31, 1965.

Hon. FARMER GARDNER,  
Chairman, Subcommittee on Foreign Aid Expenditures, New Senate Office Building, Washington, D.C.

DEAR HONORABLE GARDNER: Pursuant to the suggestion in your letter of August 19, 1965, to the Honorable CLEMENT ZALOCKI, I am submitting the following statement to your honorable body and I am respectfully requesting that it be entered and made a part of the record as though it were in fact read by me at your hearings relating to bill S. 1676.

Not printed at government  
expense.

In the first instance, I would like to register my vigorous and unambiguous opposition to bill S. 1076 which provides for certain reorganizations in the Department of State and the Department of Health, Education, and Welfare, and for other purposes. I am not only speaking as a mother, citizen, and taxpayer, but I am also voicing the sentiments of the almost 6,000 persons whose signatures were submitted in opposition to a local project for Federal funds for birth control clinics under the antipertility act. Two thousand of these signatures came from the south side mothers in the 4th congressional district in Milwaukee and 4,000 were submitted by the civic awareness group of Greater Milwaukee. In passing, I might indicate that the common council of Milwaukee passed a resolution in opposition to the use of Federal funds for a birth control clinic and the Milwaukee County Board of Supervisors also voiced its opposition.

The involvement of the Federal Government in this area of extreme privacy and intimacy clearly oversteps the reasonable boundaries of governmental authority. Interference with the undeniably natural autonomy of the family as a social unit leads only to the destruction of the family as a basic unit of society with the accompanying disaster not only to our governmental structure but also to the individuals involved.

Further, specific provisions of bill S. 1076 relating to population data and its compilation constitute a duplication of governmental activity. Such statistics are now readily available from the population census as taken by the United States and at least 150 countries or areas. As you know, a census reveals not only the basic demographic trends such as population growth, internal redistribution, urbanization, and alterations in the age and sex structures, but also provides knowledge of changes in the nation's occupational and industrial composition, in its level of living, education and employment and in its regional and group differentiation. It is used further for the compilation of birth and death rates, in the making of life tables and in the analysis of economic development cycles. Future trends can be estimated and military and economic manpower potentials, consumer needs, school requirements, growth in metropolitan areas, potential costs of social security measures and requirements for highways, utilities, parks, water, and health services can be projected.

I am sure you are aware, that at least 150 countries or areas have collected individual data on more than 2 billion persons, and that the U.N. not only encourages countries to take censuses, but also sponsors regional statistical committees. In the reporting a census by China in 1953, the last large part of the world was removed from demographic darkness. It is generally agreed that the population of the entire world is known with a great degree of accuracy and that the structure and patterns of change of populations, including socio-economic characteristics, are widely understood. In 1963, the U.S. Department of Health, Education, and Welfare increased its commitments for research on human reproduction from less than \$3 million to more than \$6 million annually.

In the face of the ready availability of this monumental statistical information—and I refer your honorable body to the September 8, 1963, issue of the U.S. News & World Report for ample samples—it becomes abundantly clear that there is no need for further additional agencies to gather more statistics. Any expenditure in this regard becomes only a waste of taxpayers' money.

The other provisions of this bill, S. 1076, which deal with the use of Federal money for the dissemination of birth control information and the mandatory use of contraceptives because of the conflict with the

moral code of a large segment of the population. The use of artificial methods of birth control is contrary to the moral principles of and is personally offensive to a substantial group. There is no question that government must be concerned with, responsible for and ever watchful about the morals of its citizens. Will the laws now reach down to the lowest common denominator of human behavior?

The "birth controller" advocates action contrary to the principles of conduct which have been implanted in the nature of man by God and expressed in what we call the natural law. As Dr. John Marshall states in his "Medicine and Morals," this natural law "is not an arbitrary code which applies to one particular religious denomination or to one era of human history. It is an integral part of creation, being, as it were, built into its structure." The evil of destroying the life of an unborn child then is not just a matter of some ecclesiastical decision; it is basically and fundamentally wrong.

It would follow then, that if the natural law is the plan by which men are intended to live and act in order to secure proper development and fulfillment of his nature, continual flouting of that plan cannot but be detrimental to man as a whole. So much so that if more and more men continue to live in conflict with this natural law, it becomes only a matter of time before our way of life is destroyed. Each chip in the armor of our morals as society contributes to the eventual downfall and destruction of that society. This downfall then becomes inevitable because ethics are not simple rules of conduct which change from one generation to the next but are unchanging principles upon which any healthy society must be based.

But how mundane the cries of the birth controllers have become. Not enough space. Not enough food. Too many people. There is not a periodical or a newspaper that at one time or another has not taken up this hue and cry. The latest innovation are ear stickers. I personally observed a California licensed car in Salt Lake City sporting a sign which read: "Trouble parking? Support Planned Parenthood." And what are they really saying? "We want this land for ourselves. We want this wealth for ourselves. We want all the world's goods to offer for ourselves. We do not want our borders of people. We do not want our standard of living threatened by having to give to the less fortunate. We want to gather all the worldly goods to our bosoms and hang on to them—they are ours." This "birth controller" who was given the precious gift of life in trust now refuses to pass it on and is violating that trust.

And how does he propose to do this? With whatever means of birth control become the most feasible or perhaps the most lucrative. Let us consider the so-called pill. The Johns Hopkins University Clinic has withdrawn the pill from use because they do not want to be medically responsible for the occasional serious complications associated with this method. Serious disorders including complete or partial blindness of varying duration, swelling of the optic nerve, sudden bulging of the eyeballs, diabetes, severe headaches, blurred or double vision and unexplained bleeding are being reported by doctors. A release from London states that Baroness Summerkill, life peeress, said in the House of Lords that permission for further sale of the pills should be withdrawn because of possible side effects such as thrombosis. Further, a release from Zurich, Switzerland, states: "The Dutch Committee, the British Government's 'watchdog' on drugs, has received a report indicating that contraceptive pills may have caused a considerable number of deaths that resulted in the death of a woman 6 months

after she had started taking the pills. The inquest was on Mrs. Jean Howley, who died from blood clotting. The pathologist who presided at the inquest declared that it was impossible to deny the possibility that taking the pills had contributed to the development of the condition that caused her death."

Despite all this evidence, a February 3, 1964, Wall Street Journal article stated that "the expansion of public health control programs has provided a major new market for drug companies selling contraceptives. It is estimated that the industry this year will sell \$4 million worth of oral contraceptives to Government birth control programs." This represents only a part of the total market for the oral contraceptive and does not even consider the sales of mechanical devices, etc. I pose this question to your honorable body: "Who are the real beneficiaries?"

In May of this year, one of the officers of the Planned Parenthood Association stated that "it is wrong to make as much income on selling of contraceptives as we do" and in the next breath advocated the use of contraceptives for the unmarried on the theory that "it is easier to teach contraception than chastity." Dr. Guttmacher, president of this federation feels that parents themselves are becoming more sophisticated. He was reported as saying, "They know for example, that their son or daughter must go to college regardless of contraceptives." Are you, honorable members of this committee, such sophisticated parents?

Pronouncements of policy acting by officers of the Planned Parenthood Federation are becoming increasingly alarming. I would like for a moment, if you will, the following: Dr. Edward T. Tyler, president of the American Association of Planned Parenthood Physicians said that "in New York City, 13 girls are given birth control pills in New York, Los Angeles and other cities and that high school and college girls are taking oral contraceptives to prevent an interruption of their studies with an unwanted pregnancy." "After all," he said, "this is just a reflection of the new campus morality." Further, it is a matter of record that voluntary sterilization and efforts to legalize abortion are part of the over all plan of this federation.

Consider further, if you will, parts of the American baby code as expounded by Margaret Sanger, founder of the Planned Parenthood Association. "A marriage valid in itself gives husband and wife only the right to a common household and not the right to parenthood. No woman shall have the legal right to bear a child and no man shall have the right to become a father without a permit for parenthood." As recently as February of this year, this founder was quoted as saying that Americans would be much more acceptable when they go abroad to work on the problem if we could get our government to approve it—perhaps under such terms as population control. I bill S. 1076 spelling out this philosophy.

Bear with me while I refer you again to the September 8 issue of the U.S. News & World Report. None if you will the breakdown of the family unit is regarded as the prime cause of the problems presented by the studies undertaken by the Department of Labor, Department of Health, Education, and Welfare and the Federal Bureau of Investigation. Complete statistical information is available making further study only redundant. I submit that the program of birth control as proposed by the provisions of this bill will only serve to break down further all semblance of any kind of stability. Are you, honorable members of this com-

mitter, willing to assume the responsibility for setting this into motion?

Truly, this is not idle talk nor unsubstantiated statements. Allow me to refer you to the countries where the dissemination of birth control information and materials is widespread and has been operative for a period of time. I ask you, "What is the percentage of success?" Let us first look to Sweden where there has been widespread dissemination of birth control information. This easy access has resulted in general immortality and a high increase in the incidence of venereal disease. We have in Sweden a situation in which the Protestant groups are appealing to the Catholic groups to unite to start teaching the Ten Commandments again.

In India an announcement by the Prime Minister of Health indicated that the results of a 10 year birth control project costing millions of dollars was a failure. The reason for this failure may well lie in the observation of a disciple of Mahatma Gandhi who stated that birth control was a negation of the Hindu way of life and a defeat of spiritual and ethical values.

In West Germany 400 doctors, including 100 gynecologists, have signed a petition deploring the sexualization of modern society and warn that if unlicensed sexuality becomes a public policy, "the free world and the underdeveloped countries will inevitably be led to catastrophe and an important argument will be provided for the development of a worldwide, snow-white racial front of the proletarian people."

Now let us look at Japan. Until recently great pronouncements were made about the success of the birth control program there. The honorable members of this committee are well aware that the form of birth control employed in Japan to make this program such a resounding success was abortion. But what has happened? Recent information and reports from Japan have taken a turn. Efforts are being made and pleas are widespread to enact legislation to make abortion illegal again. Consider if you will this picture as reported. A group of children were playing in a side ditch covered with water somewhere in Osaka. Suddenly they discovered that they were stepping on dead little babies. Police investigation revealed the fact that there were about 80 dead fetuses from 4 to 10 months. Someone from a legal abortion clinic just did not bother to deliver them to the crematory but dumped them in the nearest ditch. Further, though health reasons have been given as the greatest reason for proceeding with abortions, statistics now being revealed indicate that 2 million women have been injured in their health as a result of an abortion having been performed. The complications are causing concern. The incidence of extra uterine pregnancies following an abortion have risen 400 percent. Also, Professor Kurose states that there is a high incidence of abortion in the 20- to 24-year-old group and that the suicide rate in this group is all out of proportion to that of other age groups and nations.

Mention might also be made about countries in Western Europe who find that because of birth control programs, they are now forced to import labor. But we do not need to go out of our own country for examples. Turn your gaze, if you will, toward that great midwestern city of Chicago, where Federal funds have made the distribution of birth control materials to the poor. The married 18 year old girls. Paul Harvey reported recently that it has become necessary to open 21 evening clinics for the treatment of venereal disease, to be run by honorable gentlemen of this committee, for every birth control clinic that you will make possible, be prepared to open two clinics to treat VD.

Further, throughout the United States, even though there is resistance to the establishment of these clinics for birth control, reports indicate that an epidemic of venereal disease is raging. Paul H. Hallett points out that Federal health authorities estimate that there are 130,000 new cases of infectious syphilis in the country every year and that VD is a contributing factor to 1,000 deaths a month. He states further that health officials have reported a steady rise in the number of new syphilis cases each year since 1937. The Department of Health, Education, and Welfare estimates that the national cost of syphilis alone is \$100 million annually, and that Public Health experts agree that the increase of sexual license among young Americans is the prime cause of the sharp rise in the incidence of this disease in that age group. Despite this many private social welfare groups, as well as State and communal welfare offices are helping unmarried teenage girls overcome restraint caused by a concern over pregnancy by giving out birth control pills.

Are you, honorable members of this committee in agreement with the minister from California who stated that since we can do nothing about the morals at least we can stop them from having babies?

What is the answer? Is the problem too many people? Dr. George Carpenter of Johns Hopkins University states that it would be possible to stand all the men and women and children now living in the world in one city and a surplus of the land would be left. Not enough space? Granted that men are leaving the land and pouring into the cities. This creates heavily populated cities and over-crowded and wide open land. In the last few years, I have personally visited Canada, the Northwest United States, the east coast, the Southwest and this summer the West. Not only I but our entire family have been amazed at the hundreds and hundreds of miles of wide open land in every part of our country and Canada. The cities are crowded but our land is wide open. There are experts who state that there is in fact more open space today than there was a hundred years ago and today we have better and faster ways of getting there if we really want to go.

Not enough food? This is the greatest paradox of all here in America where we are using less and less land to produce more and more food. A casual trip through the wheat country will bring out the inescapable fact that the surplus storages are monumental. Add to this the \$1.5 billion paid to farmers annually not to produce and this argument suddenly has a pretty hollow ring.

For every alarmist about the rate of population growth you will find an expert who takes the opposite stand. Dr. Carter points out that knowledge is far outpacing population and it is through knowledge that there is power to support people. He feels that population is lagging far behind what our knowledge makes it possible to feed, clothe and house on a very good standard. Then, why is this not so? Simply because this knowledge is now very unevenly distributed and some of the most pressing problems are in areas where knowledge is least developed and widespread.

I am sure that your honorable body is well aware of the efforts that are being made to rectify this situation. May I refer to the Academy of Food Marketing at St. Joseph College, Philadelphia, Pa., and to its founder, James O'Connor, as an example. Mr. O'Connor maintains the lack of food is not the problem in the world. There is enough food. It is rather, the lack of sound, modern marketing and distribution methods that cause the problem. He points to Latin America where in some countries half the food rots because of poor storage or distribution methods. He feels that there is need for trained warehouse and storage techniques and that

young men could be trained to take their place in this endeavor. More importantly even, he feels that these men could be imbued with the understanding that man is his brother's keeper, and that this would help the hunger problem. His answer was the formation of the Academy of Food Marketing and he has at the moment a program underway in Bogota, Colombia, where 2,400 children are for daily in a cafeteria equipped by the Academy's Founders Club and operated with U.S. surplus foods and the American know-how in operation, maintenance and food disposal is being taught. This is just one project. There are others. The honorable members of this committee are very likely aware of the work being done in Brazil and other countries.

What about this matter of life? Dr. Schweitzer held that every person has a will to live, that it is evil to destroy life or hinder its development, that it is good to further and sustain life and that all life in every form has value. Pearl S. Buck puts it aptly when she says that men and women are responsible for their seed and that the famous pill cannot end that responsibility which must include the responsibility for the unborn child, the possible child. Our own President, in an address at the Johns Hopkins University early this year, summed up this position in a dramatic and inspiring way when he said: "We may well be living in the time foretold many years ago when it was said: 'I call heaven and earth to record this day against you, that I have set before you life and death, blessing and cursing: Therefore choose life, that both thou and thy seed may live.' This generation of the world must choose: Destroy or build, kill or aid, hate or understand. We can do all these things or a scene never dreamed of before. We will choose life and in so doing we will prevail over the enemies within man, and over the natural enemies of all mankind."

The choice is clear and ours to make. What will it be? Passage of this bill would mean pursuing a course of birth control and structure programs committed to antisense. You would, honorable gentlemen, be extending a hand, but it would be a grasping hand, taking and keeping everything unto itself with no regard to the morality of the means used and ending only in downfall and destruction.

I present to you the other alternative. Extended your hand. Let it be an open hand extended in sharing, recognizing the dignity of man, working toward the proper development and fulfillment of his nature and ending in his destiny to inherit the earth. As elected officials, the burden of leadership in this regard rests squarely on your shoulders. Defeat of this bill will truly pave the way not only to a Great Society but also to a good society.

May I extend my appreciation to each and every member of this committee for the opportunity to be heard. May I hope also that in bearing you have listened?

Sincerely yours,

Gennivieve Moxley

Mrs. David R. Moxley

Perhaps it is more than coincidence that this statement should be read to your honorable and august body today, just a few days after Mother's Day, when your ears must still be ringing with the traditional tribute paid to mother. Allow us, honorable gentlemen, to speak to you not so much as stewards, but as mothers. Your very own mothers would argue that there can be no greater fulfillment in life than to join with the Creator in creating a new life. The first born is a profound miracle but no less a profound miracle is a subsequent child, no matter what number. How could this birth of a child ever be something that must be avoided at all costs, even to the point of murdering the unborn? How saddened will dismayed any

true mother must be this day to see the erosion of moral and spiritual value surrounding motherhood.

Honorable gentlemen, you are surrounded and engulfed by staggering and ominous statistics regarding population growth. Dire warnings are being sounded. But look again, honorable Senators. Are these not the vested interests coming to motivate you to action that will be financially beneficial to them? Ask yourselves, if you will, who is pushing the use of the intrauterine device and then ask yourselves who holds the rights to this device. We need not tell you, honorable gentlemen, that the "pill" represents a multimillion-dollar business. The May 9, 1966, issue of U.S. News & World Report points out the magnitude of the operation of just four pharmaceutical houses. We ask you, honorable gentlemen, who is really the beneficiary?

The birth controllers are clamoring for more and more Federal involvement at home and abroad. But what are they? Allow us again to refer your honorable body to the May 9 issue of the U.S. News & World Report which states that in fact the birth rate has declined sharply in recent years and that every indication is that it will continue to decline, so much so that not only must all projection be revised but also all planning for the future. Further, a Capitol report in March 1966, in the State of Wisconsin by John Wynnard states that "virtually all of the major State service agencies have set their planning sights on an expectation of a continued high number and rate of births. There is now reason to doubt the belief that their requirements for the future won't be as difficult as they had previously thought." The honorable Members from the State of Wisconsin are well aware of the fact that there is a real danger that a congressional seat will be lost because of the decline in population.

Now what about the foreign countries and their acceptance of birth control?

You, honorable gentlemen, have been bombarded with the apparent clamoring for birth control by these countries. Allow us to present to you the other side of the coin, so to speak, which very often is not brought out. According to the Milwaukee Journal of April 31, 1966, the Association of French-Speaking Doctors of Canada has called for a halt to the Canadian distribution of intrauterine birth control devices because the devices could prevent the growth of a fertilized egg in the uterus and this would be disguised abortion. Further, on December 19, 1963, the Chicago Tribune reported that the chairman of Burma's revolutionary council, Gen. Ne Win, said that he is strongly against birth control, that men everywhere should strive to produce more food and that there could be enough food to feed the world's population if only everyone worked harder to grow more food. He asserted that those advocating population control are saying in effect, "We are already born. You, the still unborn generation, don't come to share our food."

On March 6, 1966, the Chicago Tribune reported that Melbourne doctors have expressed alarm at the disastrous drop in Australia's birth rate. Since the introduction of contraceptive pills is seemingly responsible for this drop, they have asked for a policy that would remove economic and social obstacles to parenthood by granting marriage loans and by increasing maternity allowances and child endowment. Dr. Victor Wallace, a Melbourne specialist who has been in practice for 47 years, asserted that the use of contraceptive has gone too far and has become a threat to the future of Australia. He said, "We could build a great civilization here if we had the will to do so, but we are in danger of losing this country to an aggressive Asiatic power. We are weak and vulnerable because we have failed to reproduce our kind sufficiently and prepare our defenses adequately."

Michael Denningan reports in the Chicago Tribune of April 17, 1966 that in France there is little chance of changing the law of 1920 which forbids all publicity in favor of birth control and the sale or manufacture of female contraceptive devices. There is need to build up the French population, but even here a struggling French family planning movement is exploiting ways and means around the law for women.

In Korea, Father Jerome Bruening, S.J., in his "Have You Had Your Rice Today," reports that the ugliest of the ugly Americans in Korea is the person handing out contraceptives. These are but a few of the examples that bring out the other side of the story. There are many more. If only the whole story could be told.

Down what path is Government involvement taking the United States? Will we, honorable gentlemen, adopt Denmark's plan of voluntary compulsion whereby couples applying for a marriage license and found likely to transmit a serious hereditary defect get no license unless they agree to sterilization? And who makes the decision about the possible transmittal? Or will the United States do as the provincial officials in China do? They are reportedly withholding food and clothing allowances from parents who have more than three children.

But this could never happen in the United States, you say. It not only can happen but already has happened. We are sure that the honorable Senators are well aware of the amendments that have been introduced which demand a birth control program as a prerequisite for foreign aid. Is the United States not saying, "Oh, we will feed you, but you must permit us to eliminate you and finally destroy you."

Beyond and above all this, however, another very serious question can be raised. What is the legal liability of the U.S. Government in cases of complications or side effects resulting from the use of the pill or the intrauterine device under a government supported program?

The antilife forces unleashed in our country and in the world today are succeeding, with their tools of birth control and contraception, to destroy the moral fiber of many people. Allow us to point out that at the University of Wisconsin, the student health service admits to distribution of birth control pills to unmarried students even though State law prohibits this. Physicians "wink at the law" in cases of coeds stating they plan to be married soon, although admittedly there is no effort to check the fact of the imminent marriage. Is this their philosophy today to change even the moral law when things get difficult? Can we tear down criminal and moral law just to make things easy?

Government exists for the welfare of those governed. Permit us, honorable gentlemen, to direct the same question that George A. Flores of London, England, directed to an official of India. How does a government expect to achieve economic growth while the birth control propaganda strives to decimate the ranks of future producers as well as consumers? Yes, honorable gentlemen, how does a government do this?

Honorable gentlemen, we have come to Washington from Milwaukee, Wis., and we are making this statement because our great concern is the heritage we are leaving our children. Someone once said that in projection into the future it is not as important to have a sense of prophecy as it is to proceed on right principles.

We say to you, honorable gentlemen, employ the right principles and the future will take care of itself.

If the antilife forces are permitted to flourish and if negative and destructive programs of prevention and limitation of life are permitted to continue, will we have to conclude that the best science can come up with as a solution is the murder of the un-

born resulting in almost certain national suicide? But then, why eliminate the young who may have some potential? Perhaps, rather concentrate on those who have already outlived their usefulness; will this be the next step?

The birth controller looks upon people only as a problem. This great United States should be able certainly to see in any peccator a great resource and find that any growing and expanding population is but a challenge which can be met with great moral strength.

Mr. KYROS. Our next witness is Mr. John Hillabrand, American Council on Medical and Social Education. Mr. Hillabrand, we welcome you to the committee. Do you have a prepared statement?

**STATEMENT OF DR. JOHN F. HILLABRAND, TOLEDO, OHIO**

Dr. HILLABRAND. Yes, I do. I am Dr. Hillabrand, for what that is worth.

Mr. KYROS. Dr. Hillabrand, I am sorry. Dr. Hillabrand, you may submit your statement for the record. You have only one copy?

Dr. HILLABRAND. I just handed her 20 of them.

Mr. KYROS. We will make it a part of the record and you may proceed and give us the highlights of your statement.

Dr. HILLABRAND. I will try to set a record of brevity for you. I wish the doctor were here because I had some remarks I did wish to address to him.

I am the chairman of the American Council of Medical and Social Education and past chairman of the National Commission on Human Life Reproduction and Rhythm, and I have had a long and abiding interest in family planning and birth control.

I wish to compliment Dr. Beasley and Mrs. Browne on the testimony that they gave in regard to family planning and the disastrous effects that occur when they are absent. However, in my opinion, I think they have drawn entirely the wrong conclusions because we should be addressing ourselves to poverty.

I happen to have been a founding member of the Maternal Health Committee in the State of Ohio on which I served for 15 years and we were concerned with the matter of maternal death. We found that one-third of the maternal deaths in the State of Ohio over a period of 15 years were preventable deaths and we found moreover that among these preventable deaths, the preponderance of them were occurring in people of low income, in poverty areas, and the inner city. I think that is what Dr. Beasley is telling you and I am reminded of a casual remark attributed to Mahatma Ghandi some 40 years ago when he was being questioned about the population problem in India and the famine and starvation among the underprivileged, and so on, and he said, do not give us birth control. Improve our condition and we will take care of our own population.

I think that is what we should be doing right here now.

I do not think birth control is going to improve our pocketbooks very much.

Actually, I am enthusiastically in favor of family planning and a major part of my practice, both private and charity, has been devoted to this general need.

Mr. KYROS. Are you a general practitioner?

Dr. HILLABRAND. I am an obstetrician. It says here in my manuscript that I have delivered 8,000 babies. I am 62 years old. I have yet to record a maternal death in my own private practice.

Mr. KYROS. Congratulations.

Dr. HILLABRAND. Thank you. I might lose a half dozen of them tomorrow. I am not immodest. It is good fortune and a fast infield but I do think that good prenatal care has more to do with this question than does contraception.

I am likewise an active member in three recognized fertility societies, American, Canadian, and international, and I have presented papers at those meetings over the years.

Now, although I am in favor of this bill in principle, I do think we have to have something more than goal orientation. This means that the goals we are trying to achieve must be carefully evaluated. For example, an overzealous legislative response to any nonexistent or exaggerated population explosion could spawn under a less benign Government far worse than the oppression that our forefathers wished to escape when they came and founded this country. Suggested remedies to population problems have included tax discrimination, unlimited abortion, and Government controlled limitation of children.

By projection, the demographers argue that our population will be 375 million by the year 2000—just 30 years hence—and that the resulting social, ecological, medical, and educational foulup will be insurmountable. Yet, the National Goals Research staff of the White House on page 40, you will find, states: "This possibility plainly is incompatible with the idea of a current or pending U.S. population explosion." More conservative suggestions find 250 million a more realistic figure. As a matter of fact, on a projection basis one demographer figured if we took the reduction in population according to the birth rate from 1910 to 1936 we would, by this time, already have had zero population right now.

Mr. KYROS. Because of the depression which occurred?

Dr. HILLABRAND. Yes; it only goes to show you that we cannot be guided solely by projection estimates because they can lead us astray.

In the area of pollution, a most newsworthy and popular topic today, we will see signs of pollution in countries of low population density. I refer you to the current issue of Time magazine on Sidney, Australia, one of the continents with the least population, and I might further remind you of Japan which had the greatest program of population control since World War II, where they have annually had about a million and a half abortions and where they now have, in spite of population control, great zones of pollution in their large cities.

Mr. KYROS. Doctor, we have had testimony before this very subcommittee and full committee to the effect that overpopulation is not the key to pollution. Some people have differed on this. Dr. Barry Commoner, I think of St. Louis, Mo., testified here and he felt the key to be the multiplication of technological advancements, so everybody has an auto, air conditioner, refrigerator, and packaging like we never did before. There is, then, a multiplier factor for every individual, and it is not population. I do want you to understand that although there have been a lot of statements here that population and pollution are inextricably intertwined and related, there has been testimony to the contrary.

Dr. HILLABRAND. Very good. We will not belabor that. Yet, my concern about these bills lies not so much in the fact that they may be unnecessary. As a matter of fact, they may prove to be otherwise, although not apparently for the stated reasons.

I have only three points I wish to make here. The first one is with regard to definitions. If you buy an insurance policy or pass a law we should define what we are talking about and I have found no definition of the term "family planning" in the text of any of the bills,

copies of which I have studied. In various places, and in various times, this has been known to include contraception, abortion, sterilization, and infanticide and even genocide. So, my first plea would be for a restrictive definition.

If contraception alone is the intent of these bills, the language should so state to the clear and explicit exclusion of the others.

Second, there is a need in my view, for much stronger language to guarantee the free choice of the individual. Rumors at the very least are still rampant in my area of contingencies and coercion used by perhaps well-intentioned but overzealous workers in Ohio. The poor and the ignorant, those construed to be most in need of such services, would be, and will continue to be the most vulnerable, particularly where such services were offered by some third party agency enlisted to promulgate a Government program.

President Nixon's very words—and you only quoted part of them—I like this better. It says—

Mr. KYROS. Do you mean I misquoted the President?

Dr. HILLABRAND. No; I think you took the wrong quotation. I think this is much more to the point: "Clearly in no circumstances will the activities associated with our pursuit of this goal, family planning, be allowed to infringe upon the religious convictions or the personal wishes and freedom of the individual, nor will they be allowed to impair the absolute right of all individuals to have such matters of conscience respected by public authorities."

I do not find that kind of language in the bill we are talking about.

Mr. KYROS. But that is the objective of the legislation, I will have you know. That is my understanding of the President's words in his report on the established Population Growth Commission. As I understand, that is the objective of the bill.

Dr. HILLABRAND. Well, I am delighted to know and I am comforted by your statement that that is the objective, but I would like to see it in words because this is the thing that we need to shore up if it is not going to be oppressive.

Mr. KYROS. As I understand it, the fact that the phrase "family planning services" is not clearly defined gives you concern that the President's directive or policy that you just cited would not be carried out.

Dr. HILLABRAND. Even that phrase might mean something different to every person in this room unless we define our terms.

The third point I wish to make is the language which does not preclude the use of abortion or other objectionable means. Many, though not all, of abortions' most ardent proponents do lead their cause as the only method effectively to deal with population explosion. An exaggerated figure of 5 million in need is offered with no factual data to support it and this is being challenged.

Mr. KYROS. Well, the President says that—

Dr. HILLABRAND. Yes, I know, but the President has been inaccurate on a couple of occasions, even recently.

Mr. KYROS. I did not mean it that way. What I meant was that the figure has been used by the Department of HEW. Do you have facts or figures which contest it?

Dr. HILLABRAND. Well, I can only recite the quote that Father McHugh gave you about Judith Blake in Science magazine. She is supposed to be a demographer. The point is I have not seen that

figure substantiated by the people who propose it. The President obviously received it from some person he trusted, but I have never seen a substantiation for that figure.

Mr. KYROS. I will be glad to look into that myself. Incidentally, before we go further, as I look at the bill, a copy of S. 2108, the Senate version, in the fifth or sixth preamble it says, "Whereas, it is the policy of the Congress to foster the integrity of the family and opportunities for each child, to guarantee the right of the family to freely determine the number and spacing of its children with the dictates of its individual conscience, to extend family planning services on a voluntary basis to all who desire such services." I would point out, Doctor, that the policy of the other body was stated in that preamble and is part of the bill. As you well pointed out to me, family planning services is not any further defined, nevertheless, this preamble would govern the policy. So, there is something in there, but perhaps it is not satisfactory to you?

Dr. HILLABRAND. I like that, but when this gets farmed out to the people who work in the field, among the Mexican migrants that I take care of, for example, it does not work out that way, and I have seen that with my own eyes.

Mr. KYROS. Of course, we are talking about carrying out the—

Dr. HILLABRAND. The operation.

Mr. KYROS. And it happens so many times that we pass bills and then find out at the firing line—

Dr. HILLABRAND. And that is to your embarrassment when you find that out in retrospect.

Mr. KYROS. That is why the ingeniousness of the American people makes the Congress a continuing body and we do exercise legislative oversight, so that is a good point.

Dr. HILLABRAND. I am not picking you to pieces. I would not have your job. But is this the language in S. 2108; because I do not have it. Under the declaration of purpose, item C in this copy of H.R. 11550, it says, "To improve the administrative and the operational supervision of domestic family planning."

Now, anybody could read into that that there is going to be a representative of the Government to see that my wife's diaphragm is put in right in my own bedroom, to improve administrative and operational supervision of domestic family planning. I do not like that.

Mr. KYROS. Let me get a copy of that bill.

Dr. HILLABRAND. I am a gynecologist and I can put my wife's diaphragm in myself.

Mr. KYROS. What are you reading?

Dr. HILLABRAND. I am reading Mr. Scheuer's H.R. 11550.

Mr. KYROS. I do not have his particular bill in front of me.

Dr. HILLABRAND. OK. So that that sort of language I find extremely objectionable and subject to very wide misinterpretation by zealous, well-intentioned people, and that would open the door. I do not think you would like that, either.

Much testimony has been received by this committee magnifying the problem of overpopulation beyond verification and extolling its virtue and its potential beyond any reasonable expectation.

Now, people that have promoted abortion laws thought they knew what abortion laws would do, and then—they do not read the mail from Europe to see what it was doing over there where they are retrenching on everything they are trying to promote over here, and yet like wild people we think this is great and we go forward not thinking what it has done in other countries. This is what I am asking you here, if we are not getting carried away and anticipating by unreasonable expectation what it is going to do. Several people who have been promoting this legislation who have been in the forefront for the fight of liberal abortion, and I have debated many of these people across the country on abortion, many of your witnesses here. I know that these people that are for this are basically the Who's Who of the abortion people. Allan Guttmacher, that is, who is a pioneer.

Mr. KYROS. Do you read into this bill that is before us that it is an abortion bill, Doctor?

Dr. HILLABRAND. Not specifically, but I do not read in any of the text anything that would exclude it, and I know that many of these people are proabortion, most of whom you have heard. And they are prestigious and I respect their attainments; Allan Guttmacher has written the finest textbook in the English language on the medical and surgical complications of pregnancy. I am not attacking the man. My remarks are *ad rem*, not *ad hominem*. No matter the sophistication of the abortion definition, the man in the street knows and the textbooks in schools clearly state that the life of a baby is being destroyed. To many this raises the fear that its thrust and its greatest impact will be visited upon minority groups.

Now, human life, if it is at all important in our time, must be defended across the board. Any arbitrary exceptions, especially when they become legalized, are potentially or inevitably dangerous to us all. The most terrible pages in history are those which tell of regimes which were founded upon or at least tolerant of a disregard of the intrinsic values of human life. The most glorious and courageous are those which recite the contrary. No society or civilization in the better sense has survived inhuman principles. Adding abortion through Government policy or inadvertent permissiveness to the present state of national and international unrest would suggest little optimism for the survival of our society as we have known it.

I support the principle of this legislation but I plead with you that with the wisdom attributed to Solomon you write into these bills those safeguards which will guarantee absolute freedom of choice and insure the intrinsic values of human life. Do not permit loopholes which may generate overtones permitting even by interpretation the excesses of potential genocide, infanticide, abortion, or euthanasia.

I have one more thing I would like to tell you and that is about rhythm, because this has been my baby. I could tell you without fear of Allan Guttmacher contradicting me—

Mr. KYROS. He is not here to contradict you.

Dr. HILLABRAND. But if he were, he would have to agree to this. If you really wanted to turn around the world population explosion overnight, there is one way that you could do it. If you were to advertise to the couples of the world tomorrow morning that human sexual intercourse restricted to the week prior to menstruation would

not result in babies, it is the one thing that could do it overnight and it would not cost a nickel and it could not hurt anyone.

Why don't we do this? Why don't we use the tools we have available? The people in this country would like to know that. Not all of them would buy it. It would not be the most popular vacuum cleaner in the country but there are hundreds of people who would like to know this and do not even know it, and it could work as well as the pill.

Mr. KYROS. You feel that if, in this family planning services among other things, people were told that they should not have a self-taught or haphazardly practiced rhythm method, but rather they should have one defined for them by a doctor, then that might be a useful method for people to exercise.

Dr. HILLABRAND. Not defined by doctors because they are as ignorant of this as anybody else.

Mr. KYROS. I mean by people like yourself. Who else are people going to get the information from?

Dr. HILLABRAND. I have talked scientifically to 25,000 couples in northwestern Ohio and I have three failures in 13 years and those are even questionable scientifically and the pill cannot match that. This never killed anybody and the experts—and I have been working on this—calculate that in the year 1969, the deaths in healthy women taking the pill, from thromboembolism alone, range between 300 and 3,000.

Now, those are deaths in healthy women that are not philosophically justified and I do not care how meager you say the risk is, you are giving it to women whose chief complaint is, Doctor, I am too healthy because I get pregnant.

Mr. KYROS. Doctor, then, I take it that your method, your prescription for contraception is a rhythm method and you feel the pill is harmful?

Dr. HILLABRAND. I know it is harmful. We can document that someday if you have the time to listen to that.

Mr. KYROS. So, you do not prescribe the pill to your patients?

Dr. HILLABRAND. No, sir. You see, we are brainwashed into thinking there are only two alternatives, baby, pill. In the girl who is 20, the pill came out when she was only 10, before she was sexually motivated. As she grew up the only thing she learned was pregnancy or pill, one or the other. Planned Parenthood has been in business 50 years and never killed anyone until the pill came along.

Mr. KYROS. How about those women whose menstrual pattern has an inherent variability?

Dr. HILLABRAND. There is no woman who has regular menstrual periods. There is scarcely a woman in a thousand who can predict when her next menstrual period will start.

Mr. KYROS. How does your foolproof system—

Dr. HILLABRAND. I am delighted to explain it to you. By limiting—now, this is World Health Organization, not Dr. Hillabrand 1967 World Health Organization, June 1967. The incidence of pregnancy in women who restrict intercourse to the days following 3 consecutive days of temperature rise after proven ovulation, in other words, the incidence of pregnancy is 0.8 to 1.4 pregnancies per 100 women-years. This is in over 400,000 cycles. This is not a number drawn

out of the hat. The World Health Organization and all their population people met for a solid week on natural forms of family planning. The World Health Organization is not sponsored by Vatican City or the Pope or anybody else. These are the figures. The pill has never exceeded that in naked efficiency. This could be taught and this would be a foolproof and a safe and economical way of family planning.

Mr. KYROS. You could have errors in reading the thermometer and also errors in interpreting the temperature curve, could you not?

Dr. HILLABRAND. Yes, sir. There is no method known to science by which two fertile human beings can have human sexual intercourse with a zero percentage pregnancy and if a family were overburdened by what they consider to be too many children, I sincerely feel their first concern should not be convenience but safety. I have seen too many mothers who have dropped dead of pulmonary embolism, mothers of five children, who, had they been given the opportunity would gladly have gone back to rubbers, diaphragms, foams, jellies, anything else. You do not get a second chance when you experience a catastrophe. Rhythm never did that and it does work.

Mr. KYROS. Dr. Hillabrand, except for these three considerations you mentioned: definition of family planning, consideration of guarantee of free choice and the possibility of inclusion of language more fully precluding abortions as a method of contraception, do I understand that you are then in favor of the legislation before us?

Dr. HILLABRAND. I am in favor without qualification of the research provisions of this. I am perhaps a little thin skinned when it comes to Government getting into the personal lives of individuals. That is in the text of my statement that I did not read here. Just philosophically, I think the less Government we have around the hearth, the better off we are all going to be.

Mr. KYROS. You know, 4 years ago when I came here I frankly did not know very much about the medical programs administered by the Federal Government. Since I have been on this committee I have met many doctors, and I have been impressed with some of the programs like comprehensive health, mental retardation, regional medical program. Always try to design these programs so that the Government infringes the least on a particular practitioner. They all seemed to be designed that way. I understand some programs, like the visual medical program, are programs where we feel the Government does not really make its influence felt precisely as it should.

Dr. HILLABRAND. But human nature being what it is, is it not true that it is difficult to be elected unless you increase the benefits, broaden the base, lower the age and lower the taxes? Is that not—I mean, this is the history of legislation, that you try to improve it as you go along, and when the majority considers this to be improvement, once you get the foot in the door it is very difficult to do an aboutface.

Mr. KYROS. Well, American doctors are not asleep, and I think we do get a lot of feedback on some of this legislation that goes through here. So much of it is necessary and worthwhile—I am not talking about the instant legislation, but what I have been going through this committee, for example—

Dr. HILLABRAND. But the American physician also gets brainwashed and gets carried away to the same extent that other dedicated and well-intentioned social workers do. He gets carried away with his

programs, especially if he is in the inner city. We have all seen this. It is not an accusation. I sympathize with him but this is historically what happened and this is the only area in which I am touchy. I would not say I am opposed to it, but it is a kind of instinctive admonition that I would like to voice here.

Mr. KYROS. Dr. Hillabrand, we thank you very much for your testimony and I am sure that it will be of great interest to the committee. (Dr. Hillabrand's prepared statement follows:)

STATEMENT OF DR. JOHN F. HILLABRAND, TOLEDO, OHIO

Mr. Chairman: Thank you for allowing me to appear before you. I am an obstetrician who has delivered babies for more than thirty years, more than 8000 of them as a matter of fact, without a material death in my private practice. I am chairman of the American Council on Medical and Social Education, and past chairman of the National Commission on Human Life, Reproduction and Rhythm. I am an active member of three recognized fertility societies, American, Canadian and International. My remarks, however, are those of a concerned private citizen and do not necessarily reflect the policies of these organizations.

Permit me to invite your attention to the fact that there are few in this country, and perhaps none even on your committee who are not living in the United States because they themselves or their forebearers were attempting to free themselves from some sort of oppression so as to achieve the better life. No matter what the oppression, it could have been least tolerable where it encroached upon the intimacies of private life and the family.

I am indeed enthusiastically in favor of family planning. A major part of my practice, both private and charity, has been devoted to this pressing need. Basic research in human reproductive physiology is indispensable and urgently necessary for progress in this field. I support both and favor enactment of legislation to attain these goals.

And yet, in prudence, we must be more than goal oriented. The means to achieve these goals must be carefully evaluated. For example, an overzealous legislative response to a non-existent or exaggerated population explosion could spawn oppression, by a less benign government, far worse than that our forefathers wished to escape. Suggested remedies to population problems have included tax discrimination, unlimited abortion and government controlled child limitation.

By projection, one school argues that our population will be 375,000,000 by the year 2000—just 30 years hence—and that the resulting social, ecological, medical and educational foul-up will be insurmountable. Yet the report of the National Goals Research Staff of the White House on page 40 states, "This possibility plainly is incompatible with the idea of a current or pending U.S. population explosion." More conservative suggestions find 250,000,000 a more realistic figure. Truly no one knows the future, and though present methods are more precise, historically they have proven very inaccurate. Panic legislation in response to projected estimates could therefore prove most unwise.

In the area of pollution, a most newsworthy and popular topic today, we still see scenes of pollution in countries of low population density—see Sidney Australia in the current issue of Time—and in Japan, an example of the most drastic system of population control known to history. The converse is found to be true in countries of high population density, viz. Belgium and Holland. Obviously the relationship of pollution to technology rather than to people has been misconstrued, underestimated or deliberately falsified.

And yet, my concern about S. 2108 and H.R. 15159 and other similar measures lies not in the fact that they may be unnecessary. As a matter of fact they may prove to be otherwise, though not apparently for the stated reasons.

Your attention is invited to three very important considerations.

First, I have found no definition of the term "family planning" in the texts I have studied. In various places and in various times this has been known to include contraception, abortion, sterilization, infanticide and even genocide. So my first plea would be for a restrictive definition. If contraception alone is the intent of these bills, the language should so state to the clear and explicit exclusion of the others.

Next, there is need, in my view, for much stronger language to guarantee the free choice of the individual. Rumors, at the very least, are still rampant of contingencies and coercion used by perhaps well-intentioned but overzealous workers in O.E.O. The poor and the ignorant, those construed to be most in need of such services would be and will continue to be the most vulnerable, particularly where such services were offered by some third party agency, enlisted to promulgate a government program. President Nixon's words are quite to the point. To quote his Presidential Message on Population, July 18, 1969, "Clearly, in no circumstances will the activities associated with our pursuit of this goal (family planning) be allowed to infringe upon the religious convictions or personal wishes and freedom of the individual, nor will they be allowed to impair the absolute right of all individuals to have such matters of conscience respected by public authorities."

The third point I wish to make is the language which does not preclude the use of abortion or other objectionable methods. Many, though not all, of abortion's most ardent proponents do plead their cause as the only method effectively to deal with the population explosion. An exaggerated figure of five million in need is offered with no factual data to support it. Speeches have been repeatedly made in the past declaring availability and decrying the lack of utilization of services. Much testimony has been received by this committee magnifying the problem beyond verification, and extolling its virtue and potential beyond reasonable expectation, and this from several who have been in the forefront of the fight for abortion. No matter the sophistication of the abortion definition, the man in the street and the textbooks in schools clearly show that the life of a baby is being destroyed. To many this raises the fear that its thrust and greatest impact will be visited upon minority groups.

Human life, if it is at all important in our time, must be defended across the board. Any arbitrary exceptions, especially when they become legalized, are potentially dangerous to us all. The most terrible pages of history are those which tell of regimes founded on, or at least tolerant of disregard of the intrinsic values of human life. The most glorious and courageous are those which recite the contrary. No society or civilization, in the better sense, has survived inhuman principles. Adding abortion through government policy or inadvertent permissiveness, to the present state of national and international unrest would suggest little optimism for the survival of our society as we have known it.

I support the principle of this legislation. I plead with you, that you with the wisdom attributed to Solomon, write in those safeguards which will guarantee absolute freedom of choice and ensure the intrinsic values of human life. Do not permit loopholes which may generate overtones permitting even by interpretation the excesses of potential genocide, infanticide, abortion or euthanasia.

Mr. KYROS. Our next witness is William Walsh, in behalf of Dr. Dupre, professor of philosophy, Georgetown University.

Do you have a statement for the record?

Mr. WALSH. I have a very brief statement.

Mr. KYROS. We can include your statement in the record and if you would like—

Mr. WALSH. The statement is very brief. It takes about 6 minutes.

# **STATEMENT OF DR. LOUIS DUPRE, PROFESSOR OF PHILOSOPHY, GEORGETOWN UNIVERSITY, AS PRESENTED BY WILLIAM J. WALSH III**

Mr. WALSH. Mr. Chairman and members of the committee, thank you for the privilege of appearing before you today to present a statement by the eminent Catholic philosopher and theologian Dr. Louis Dupre of Georgetown University. I was a student and fellow at Georgetown and have known Dr. Dupre for more than 10 years. Dr. Dupre is not able to be here today and asked me to present this statement for him.

I believe that this statement eloquently represents the views of a majority of American Catholics.

The following is Dr. Dupre's statement :

It is clear that the encyclical *Populorum Progressio* of Pope Paul VI recognized and reinforced the right of parents to decide the size of the family.

On the question of which measures are in accordance with the moral law *Populorum Progressio* remained silent. Thus far, in spite of subsequent specifications in the encyclical *Humane Vitae* men, including high authorities in the Catholic Church, have been unable to reach general agreement on the answer. Some highly moral and well-informed people feel that any nonabortive method of birth control may be used under the proper circumstances. Others claim that no other method than rhythm is licit. Still others consider only hormonal compounds which control the ovulatory system as morally acceptable.

Whether one considers these distinctions morally relevant or not, they certainly reveal that opinions in this matter are divided and remained divided. The division exists also among Catholics even and more than ever after the encyclical *Humane Vitae*. The majority of Catholic women of this country are using or have used some form or other of contraception. The division exists even among the highest authorities in the Catholic Church as several statements of the local hierarchy attest.

What, under these circumstances is for a Catholic the moral attitude toward public policy on birth control? Must he abstain from any participation in public programs until the last shred of doubt has disappeared within the Catholic Church? In doing so he fails to live up to the responsibility which the Christian has in the world today. A purely passive attitude would be exactly the kind of other wordly indifference toward essential human values which nonbelievers deplore so often in their Christian neighbors.

Abstaining from obstruction of Government-sponsored aid in family planning is not enough. The Catholic has a positive responsibility in the present population crisis. In taking up this responsibility he can hardly expect that every one adopts the official views of his church on the subject. But this fact need not paralyze him into noncooperation. It should make him more watchful that the freedom of each recipient be respected in the implementation of family planning programs.

In thus cooperating, the Catholic does not take a stand himself on the objective morality of each particular method which is made available by the program. He may maintain his reservations toward any or all of these methods and yet fully cooperate, as long as no hidden or overt attempts are made to coerce the individual recipient of aid into accepting any particular method of birth control. Birth control, I might add here is entirely distinct from abortion.

No person should be discriminated against because of his refusal to practice contraception. Information and technical means should be made available, but the right to determine the size of the family belongs to the family alone. The population crisis has not yet reached the state of emergency in this country in which body politic is bound to intervene in a compulsory way to protect the common good. But the avoidance of this specter of the future is a strong reason to cooperate now in making the means of family restriction available while this restriction can still be made on a voluntary basis. The longer we wait, the greater the danger of Government intervention becomes.

## RESPECT FOR INDIVIDUAL CONSCIENCE

As long, however, as the individual conscience is respected, the moral problem involved in the support of Government-sponsored programs of family planning is not whether one is personally convinced of the morality of the various methods of contraception, but whether one is willing to uphold the freedom of conscience of others in making available the means which they, by an informed choice can adopt or reject according to their own conscience.

The positive obligation to respect the religious and moral convictions of those who do not share their faith holds eminently true for Catholics, who were recently reminded in the second Vatican Council:

No one is to be forced to act in a manner contrary to his own beliefs nor is anyone to be restricted from acting in accordance with his own beliefs, whether privately or publicly, whether alone or in association with others, within due limits.

It would seem that Catholics, who because of personal moral views, prevent legislation which would allow people to cope with a most urgent economic and social problem according to the dictates of their consciences, are paying only lip service to the Council's directives.

Religious freedom demands more than noninterference with a non-existent freedom. It includes giving a choice to those who had no choice and even making accessible information of which they might not even have suspected the existence. This conclusion has nothing in common with the absurd theory that one ought to teach the innocent every possible perversion in order to give them a real choice for a moral decision.

Mr. KYROS. Just a moment. If family planning services were made available and they taught the various methods of contraception, is that what you mean by "every possible perversion," contraception not being abortion?

Mr. WALSH. I am sorry, I cannot hear you.

Mr. KYROS. If family planning services were made available and people who otherwise could not get the information had access to information on possible methods of contraception that we discuss here today, other than abortion and sterilization, that would not mean perversion, would it?

Mr. WALSH. No. This has no reference to that at all. We are just saying that this has nothing in common with the absurd theory that one ought to teach the innocent every possible perversion in order to give them real choice for a moral decision.

The information we are offering is not a new way of violating the moral law, but an efficient means to attain an end universally recognized as a moral good. The means itself is considered moral by the great majority of those who are acquainted with it; it is considered doubtful or even immoral by members of one major group. Why should this personal dissent of a relatively small minority be a reason for depriving the poor and the underprivileged from the right of practicing their own freedom?

## GOVERNMENT'S ROLE SIGNIFICANT

A more intricate problem is: Is the distribution of birth control information the task of government? To what extent does the common good require government intervention into the private life of its citizens? I think the most moral answer to this question is: Only to the

extent that the common good urgently demands such intervention, and even then with the greatest precautions for safeguarding the freedom of the individual.

It is in the name of respect for peoples' freedom, the freedom to survive rather than to sink even deeper into abjection, that Catholics ought to cooperate actively in making family planning available to their neighbors in need.

The basic principle underlying the Catholic Church's position is respect for human life and for the dignity of the person. This principle made her protect a society suffering from underpopulation against any behavior which could jeopardize the precarious balance of life even more.

Today this concern for the dignity of life demands a different application. In many places we have extended man's lifespan by a number of years. We thus have created an unprecedented situation and are faced with an entirely new responsibility.

Unless we soon integrate the consequences of this behavior in our line of action, we will merely have replaced destruction from without by destruction from within the human race. Family planning will become a matter of survival; it already is an essential factor in preserving the dignity of life.

Thank you, Mr. Chairman.

Mr. KYROS. I want you to know that we appreciate your statement on behalf of Dr. Louis Dupre very much, Mr. Walsh.

Thank you.

Our next witness will be Mrs. Phyllis Piotrow, consultant to the Population Crisis Committee.

You have a prepared statement?

#### **STATEMENT OF MRS. PHYLLIS T. PIOTROW, CONSULTANT, POPULATION CRISIS COMMITTEE**

Mrs. PIOTROW. Yes; I do, Congressman. It is very brief.

Mr. KYROS. Why don't you proceed?

Mrs. PIOTROW. Very well.

My name is Phyllis Piotrow. I have served as executive director of the Population Crisis Committee for the last 5 years, and I am now a consultant to the committee. At present, I have a fellowship at Johns Hopkins University, and I am doing a detailed study of U.S. Government policy in the field of birth control.

Mr. KYROS. What is the Population Crisis Committee?

Mrs. PIOTROW. It is a private, nonprofit organization created approximately 5 years ago in order to make available information and material about population problems in the United States and overseas to those who are interested.

Mr. KYROS. It does not have a publication?

Mrs. PIOTROW. We issue a newsletter and quarterly reports and various materials.

Mr. KYROS. And for whom are you doing the study?

Mrs. PIOTROW. I am doing this at Johns Hopkins University for what I hope will be a book of studying the development of U.S. Government policy in this area, how the Government came to take an interest in this problem, and the steps that the Government has followed in developing a policy of generally making birth-control information available to those who wanted it.

Mr. KYROS. Thank you. Please proceed.

Mrs. PIOTROW. There are several points in connection with this legislation and the development of a U.S. Government position on family planning which I believe are relevant and would be of interest to the committee.

The birth control issue was first brought to the attention of the committee in 1924 when hearings were held before the Senate Judiciary Committee on a bill to exclude birth control information from the harsh prohibitions of the obscene laws. Five additional hearings were held between 1931 and 1934 on legislation to repeal the 19th century Comstock law which prohibited importing, mailing, and transporting in interstate commerce any information or device to prevent conception. That law is unfortunately still on the books today, but as you undoubtedly know, a bill to repeal it was passed unanimously by the House of Representatives on June 22, 1970 (H.R. 4605).

As a result of this growing interest in birth control, public opinion polls have been taken ever since the mid-1930's to determine the views of American citizens on this issue. The first graph which I have here which is labeled "Table 1" at the back of the last four pages of my testimony. Table 1 indicates that more than 60 percent of the U.S. population has favored making birth control information available for nearly 35 years, ever since the polls in the mid-1930's. In these polls, the questions asked were not in each case identical, so the fact that some are 61 percent, some are 86 percent, does not indicate a change of position. It indicates a slight variation in the way the question is asked. But I think it does show rather consistently over 35 years more that 60 percent of the population favoring the availability of birth control information.

The latest nationwide Gallup poll question on birth control was asked in August 1968 directly following the Papal Encyclical.

Mr. KYROS. The Papal Encyclical which we just heard about?

Mrs. PIOTROW. No. This was the Papal Encyclical *Humana Vitae* in which the Pope did not approve the use of artificial methods of birth control.

At that time 77 percent of the U.S. population thought that birth control information should be made available to anyone who wanted it. There was no appreciable difference between Protestant and Catholic support of around 77 percent and Protestant and Catholic opposition of around 17 percent.

Mr. KYROS. How do you explain that?

Mrs. PIOTROW. Well, I think what studies have been taken of Catholic reactions to the Encyclical, a majority of Catholic women have indicated that they wish the Pope would change his mind, so that the Encyclical may not have confirmed them in their conformity to church doctrine.

As I will show later on, I think there are not really today major differences in Protestant and Catholic thinking on most forms of contraception.

By way of comparison, 77 percent for and 17 percent against making birth control information available, should be compared with public opinion on other domestic issues. In January 1965, for instance, shortly before medicare legislation was approved, only 63 percent of the population approved of the proposed medicare program, and 28 percent opposed it. Support for making birth control information readily available today is, therefore, appreciably higher than

was support of medicare at the time when that legislation was approved.

Also by way of comparison, in August 1968 the Gallup poll included the question, are you in favor of the U.S. Government helping other nations who ask our aid in their birth control programs? Of the sample asked, 70 percent answered yes; 21 percent said no. There were, again, no appreciable differences between Catholic and Protestant responses.

The opinions of married women in their childbearing years—who are perhaps most directly confronted with the dilemma of fertility control—are even more favorable toward birth control, as table II, the graphs on table II, indicate.

In 1965, 95 percent of white women generally favored fertility control, including those who favored only the rhythm method, and 91 percent of nonwhite women. In 1965 there were also 96 percent of Protestant women favoring fertility control and 93 percent of Catholic women.

Public attitudes toward birth control can also be measured by providing the actual practice of contraception by the population. Several studies have been conducted on U.S. contraceptive practices, including a series of comparable surveys in 1955, 1960, and 1965. Some of the results of these surveys are indicated in table III. This is the actual practice of some form of birth control.

In 1965, 91 percent of white Protestant wives, 87 percent of white Catholic wives, and 86 percent of nonwhite wives in their childbearing years, either had used or expected in the future to use some form of contraception, including the rhythm method. If the group is limited to fecund women, that is, those who have no physical impairment to their fertility, the most recent surveys showed that 97 percent of white American wives have used or expect to use some form of contraception, and that is not including abortion.

As the authors of the latest study, Dr. Charles S. Westoff of Princeton University and Dr. Norman B. Ryder of the University of Wisconsin, point out, "Clearly the norm of fertility control has become universal in contemporary America."<sup>1</sup>

There remain, however, significant differences in the availability and practice of birth control according to socioeconomic level. Whereas 84 percent of white college-graduate wives had already used contraception in 1965, only 65 percent of those with just a grade school education had. Whereas 88 percent of those whose husbands' income was over \$6,000 had used contraception, only 70 percent of wives whose husbands' income was under \$3,000 had used contraception. Whether broken down by religion or by race, the lowest income group, which has the least access to private physicians and to high quality medical service, are the ones least likely to practice contraception.

The purpose of this legislation, as I understand it, is essentially twofold: On the one hand, it is designed to make family planning information available to the 5 million women in low income groups who have not heretofore had adequate access to the family planning practices which are now nearly universal at higher income levels.

Mr. KYROS. Where did you get that 5 million figure? I have used it here today myself.

<sup>1</sup> Charles S. Westoff and Norman B. Ryder, "Recent Trends in Attitude Toward Fertility Control and in the Practice of Contraception in the United States."—Ronald Freedman, Ed., *Fertility and Family Planning—A World View*, The University of Michigan Press, Ann Arbor, 1969, p. 394.

Mrs. PIOTROW. The 5 million figure was developed as a result of considerable research supported partly by the Office of Economic Opportunity. Surveys were made in every county throughout the United States to determine what facilities were available, how many women they were serving, how many women subject to the risk of pregnancy were living in those areas, and therefore, what percentage in each area was being served and was not being served. It was quite an extensive nationwide study. The Office of Economic Opportunity has a book entitled "Need For Subsidized Family Planning Services; United States, Each State and County, 1968" which goes into great detail as to how these 5 million plus women were counted, where they are, who they are.

Mr. KYROS. I was wondering if it were the Harkavy study.

Mrs. PIOTROW. No. He did a study of the organization of the Department of HEW and how that might be improved.

Mr. KYROS. Thank you. Please proceed.

Mrs. PIOTROW. On the other hand, this legislation is designed to increase research to develop better contraceptives so that the 97 percent of potentially fertile women who will be using some form of voluntary birth control can be sure that the methods provided are safe, effective, and acceptable in every respect.

In initiating and supporting measures to make family planning readily available to all who want it, Congress has been ahead of the executive branch of Government; public opinion as a whole has been ahead of Congress; and women who feel most clearly the tragedy of unplanned pregnancy and unwanted children have been ahead of the rest of the population. As I believe the data I have summarized shows, there are few measures that ever come before the Congress which have as broad, as long-term, and as genuine backing both in attitudes and practices as this bill.

I would like to ask permission, if I may, Mr. Chairman, to include following my testimony these graphs that provide this information simply and a summary of several polls that were taken in 1965 and 1967.

Mr. KYROS. Without objection, so ordered.

(The attachments to Mrs. Piotrow's statement follow:)

Source: John F. Kantner, "American attitudes on population policy; recent trends," *Studies in family planning*, no. 30 (May 1968), pp. 1-7.

#### APPENDIX

The following tables provide a comparison of results from the 1965 and 1967 samples. Tables are introduced by the questions as asked in the survey.

*Here are some countries that have different rates of population growth. After each one, tell me whether you think it is growing faster, slower, or about the same as the United States?*

(In percent)

	Faster		Slower		About same		Don't know	
	1965	1967	1965	1967	1965	1967	1965	1967
Brazil.....	130	35	23	21	18	22	29	21
England.....	9	10	41	42	29	33	21	16
India.....	66	75	8	7	7	6	19	12
Japan.....	57	57	10	12	15	17	18	13
U.S.S.R.....	30	31	16	16	30	35	24	18

*What about the rate at which the U.S. population is growing? Do you feel this is a serious problem or not?*

*Do you consider the rate of growth of world population as a serious problem or not?*

[In percent]

	United States		World	
	1965	1967	1965	1967
Yes.....	54	54	62	69
No.....	39	40	28	22
Don't know.....	7	6	10	9

*(If yes) "Which do you think is the more serious problem, population growth or—in the United States?"*

[In percent]

	Population growth		The other		Both same		Don't know	
	1965	1967	1965	1967	1965	1967	1965	1967
Crime.....	20	10	67	82	11	5	2	3
Racial discrimination.....	28	17	56	71	11	9	5	3
Poverty.....	32	19	42	61	21	14	5	6

*"Do you believe that information about birth control ought to be easily available to any married person who wants it?"*

*"... to any single adult person who wants it?"*

[In percent]

	Yes		No		Don't know	
	1965	1967	1965	1967	1965	1967
Married.....	84	86	10	9	6	5
Single.....	50	51	43	43	7	6

*"Do you feel that the U.S. Government should give aid to States and cities for birth control programs if they request it?"*

*"Do you think our Government should help other countries with their birth control programs if they ask us?" (If yes) "Would this include furnishing birth control supplies?"*

[In percent]

	Yes		No		Don't know	
	1965	1967	1965	1967	1965	1967
Aid to States and cities.....	63	63	28	29	9	7
Aid to other countries.....	58	64	34	30	8	6
(If yes) Supplies.....	62	66	31	28	7	6

*"The Roman Catholic Church does not approve many methods of birth control. Do you believe that the Church should change its position on this matter?"*

[In percent]

	1965	1967
Yes.....	54	64
No.....	24	18
Don't know.....	22	18

[In percent]

	Yes to U.S. problem serious		Yes to world problem serious		Give informa- tion to married		Give informa- tion to single		Federal aid to States and cities		Federal aid to other countries		Roman Catholic Church should change	
	1965	1967	1965	1967	1965	1967	1965	1967	1965	1967	1965	1967	1965	1967
Grade school.....	51	54	54	62	75	73	39	37	58	53	45	46	40	47
High school.....	54	55	62	73	88	91	51	53	63	60	59	66	58	68
More than high school.....	58	55	76	81	92	95	63	69	86	70	74	78	68	79

[In percent]

	Yes to U.S. problem serious		Yes to world problem serious		Give information to married		Give information to single		Federal aid to States and cities		Federal aid to other countries	
	1965	1967	1965	1967	1965	1967	1965	1967	1965	1967	1965	1967
Catholics.....	44	52	60	66	81	83	43	46	59	56	55	56
Non-Catholics.....	57	55	64	71	86	88	52	53	65	65	59	66

[In percent]

	Catholics		Non-Catholics	
	1965	1967	1965	1967
Church should change.....	56	61	53	66
Church should not change.....	33	29	22	15
Don't know.....	11	10	25	19

NOTES TO ACCOMPANY TABLE I ENTITLED "NATIONAL POLLS FAVORING AVAILABILITY OF BIRTH CONTROL INFORMATION"

ALL POLLS CHARTED ARE NATIONWIDE SURVEYS CONDUCTED BY THE AMERICAN INSTITUTE OF PUBLIC OPINION, PRINCETON, NEW JERSEY

*Sources of Data:* November 1936; Gallup Press Release (AIPO), January 5, 1965; October 1938—January 1965; Hazel Gaudet Erskine, "The Polls: The Population Explosion, Birth Control and Sex Education", *Public Opinion Quarterly*, XXX, No. 3, Fall 1960, pp. 490-495.

Fall 1965, Fall 1967: John F. Kantner "American Attitudes on Population Policy; Recent Trends", *Studies in Family Planning*, No. 30, May 1968, p. 6. August 1968: AIPO poll no. 766, Roper Public Opinion Research Center Williamstown Massachusetts

Note: Although these polls give a general overview of American attitudes favoring the availability of birth control information, they are not precisely comparable because the question asked was not always in exactly the same form. The questions asked at each date were as follows:

November 1936: Should the distribution of birth control information be made legal

October 1938: Would you like to see a government agency furnish birth control information to married people who want it?

December 1939-March 1947: Would you approve or disapprove of having governmental health clinics furnish birth control information to married people who want it (in this country)?

February 1960-January 1965, August 1968: Do you think birth control information should be available to anyone who wants it or not?

Fall 1965 and 1967: Do you believe that information about birth control ought to be easily available to any married person who wants it?

TABLE 1  
NATIONAL POLLS FAVORING AVAILABILITY  
OF BIRTH CONTROL INFORMATION

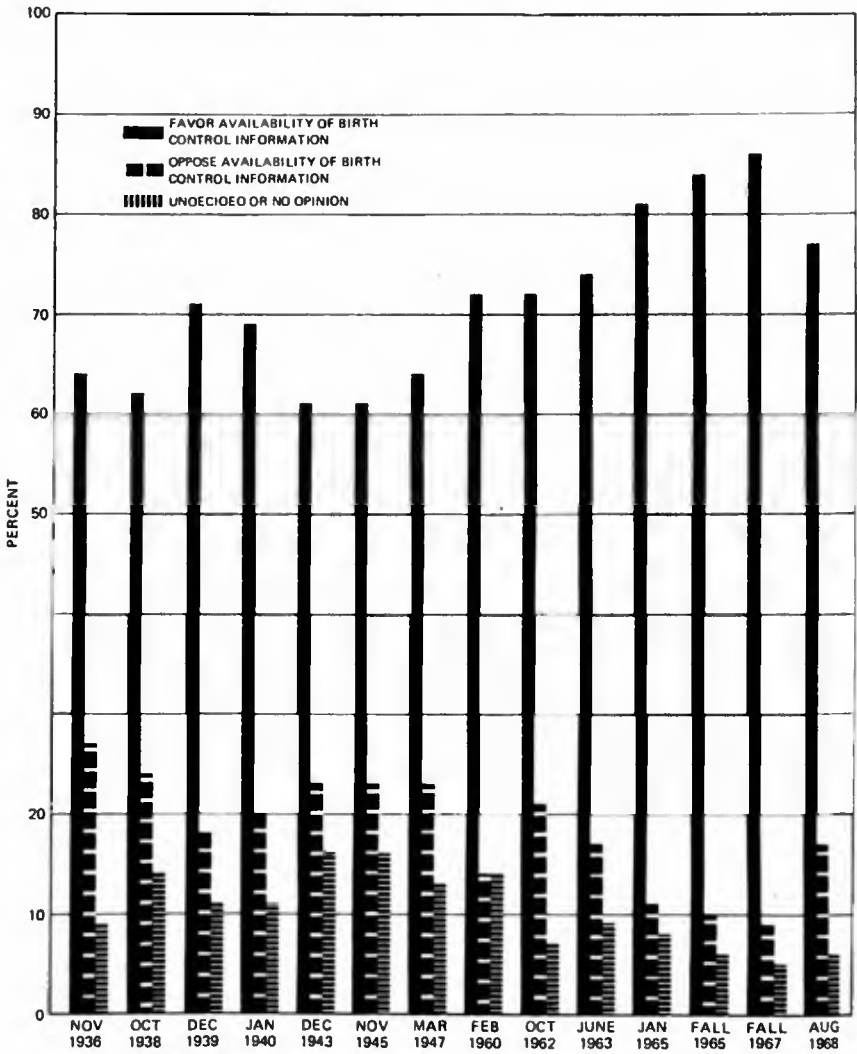
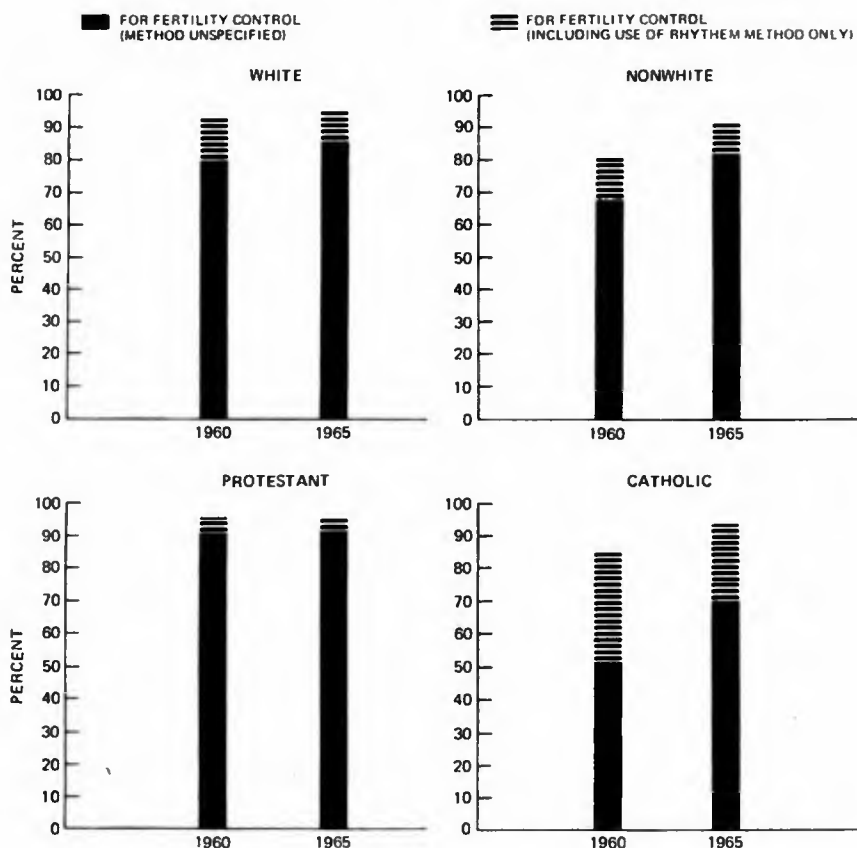
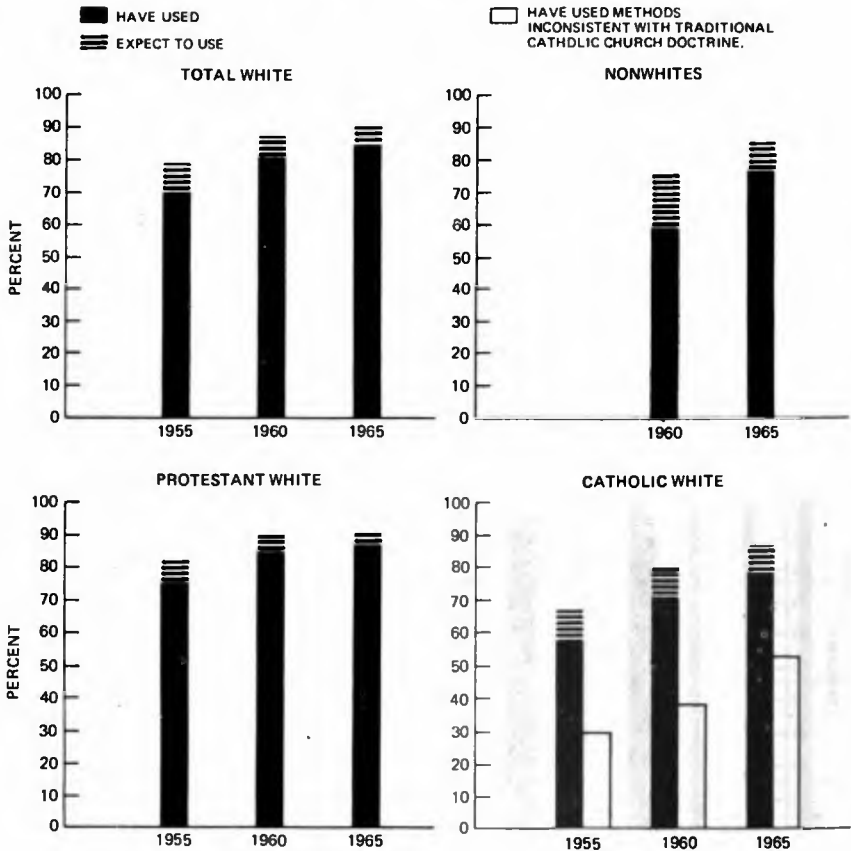


TABLE 2  
ATTITUDES TOWARD FERTILITY CONTROL OF WHITE AND NON-  
WHITE, PROTESTANT AND CATHOLIC MARRIED WOMEN AGE  
18-39, 1960 AND 1965



SOURCE: WESTOFF AND RYDER, "RECENT TRENDS IN ATTITUDES TOWARD FERTILITY CONTROL AND THE PRACTICE OF CONTRACEPTION IN THE UNITED STATES," *FERTILITY AND FAMILY PLANNING: A WORLD VIEW*, UNIVERSITY OF MICHIGAN, ANN ARBOR, 1969.

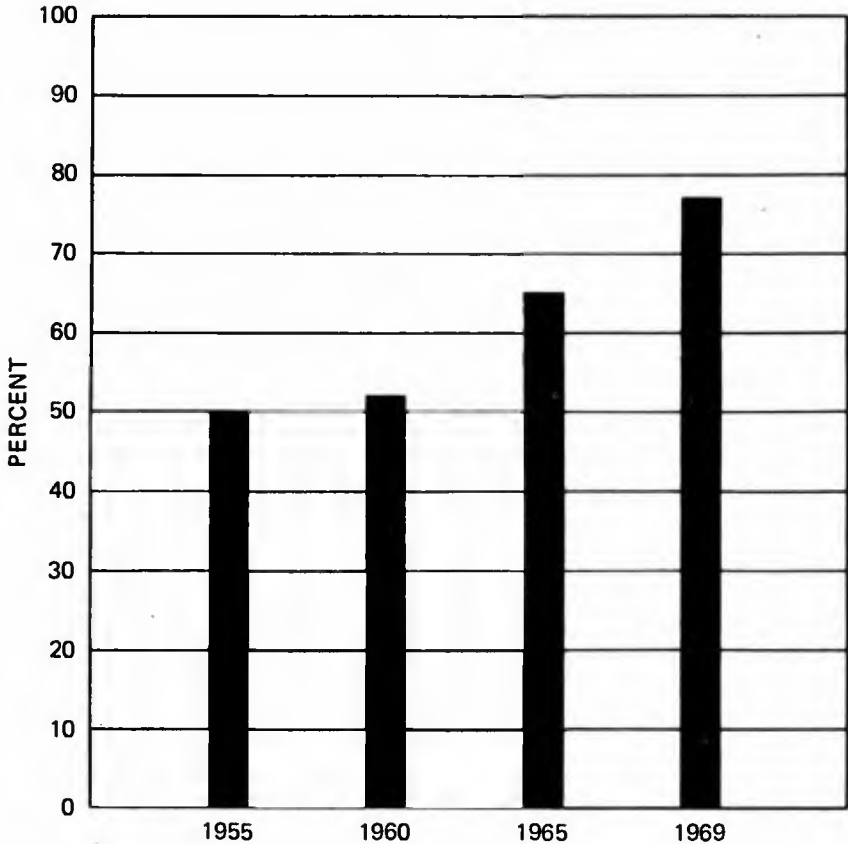
TABLE 3  
 PERCENT OF WHITE MARRIED COUPLES (WIVES 18-39) WHO  
 HAVE USED OR EXPECT TO USE CONTRACEPTION  
 1955, 1960, 1965 (NONWHITE 1960, 1965)



SOURCE: CHARLES F. WESTOFF AND NORMAN N. RYDER "RECENT TRENDS IN ATTITUDES TOWARD FERTILITY CONTROL AND THE PRACTICE OF CONTRACEPTION IN THE UNITED STATES," *FERTILITY AND FAMILY PLANNING: A WORLD VIEW*, UNIVERSITY OF MICHIGAN, ANN ARBOR, 1960; WESTOFF AND RYDER "UNITED STATES METHODS OF FERTILITY CONTROL, 1955, 1960, AND 1965," *STUDIES IN FAMILY PLANNING*, NO. 17, FEBRUARY 1967, p.5.

Mrs. PROTROW. And there is also an article prepared on "Trends in Attitudes and the Practice of Contraception," by Drs. Westoff and Ryder that if it could also be made a part of the record of the hearing, might be useful to members.

**TABLE 4**  
**PERCENTAGE OF CATHOLIC FECUND WOMEN UNDER 40 YEARS**  
**OLD AND MARRIED 5 YEARS OR MORE WHO HAVE USED**  
**BIRTH CONTROL METHODS INCONSISTENT WITH**  
**TRADITIONAL CATHOLIC CHURCH DOCTRINE.**



**SOURCE:** WESTOFF AND RYDER, "UNITED STATES: THE PAPAL ENCYCLICAL AND CATHOLIC PRACTICE AND ATTITUDES," *STUDIES IN FAMILY PLANNING*, NO. 50, FEBRUARY 1970, p. 2. CALCULATED FROM TABLE 1.

**Mr. KYROS.** Where is that article?

**Mrs. PIOTROW.** I have a copy of it right here. It is not included in my statement.

**Mr. KYROS.** We will also make that a part of the record.

(The article referred to follows:)

BEHRMAN, S.J., LESLIE CORSA, RONALD FREEDMAN (eds.) *Fertility and Family Planning: A World View*. Ann Arbor, Univ. of Michigan Press, 1969.

## RECENT TRENDS IN ATTITUDES TOWARD FERTILITY CONTROL AND IN THE PRACTICE OF CONTRACEPTION IN THE UNITED STATES

Charles F. Westoff

*Princeton University*

and

Norman B. Ryder

*The University of Wisconsin*

JUDGING FROM BOTH DISCUSSION in the popular press and increasing governmental action in the field of family planning, we are in the midst of a veritable revolution in attitudes toward a subject which until recent years was completely taboo. Has this change in attitudes toward fertility control and contraception in the public mind been paralleled by change in private attitudes? Have American married women in general radically altered their perception of the desirability of controlling the number and timing of children? Have the attitudes and contraceptive practices of Catholic women in particular been affected by the extensive publicity given to the possibility of modification of the official Church position on birth control? Have American women in fact changed their attitudes toward fertility control or their practice of contraception in recent years? And, if they have, have such changes been uniform throughout the population or have different age groups and socioeconomic strata changed more than others? Three studies of fertility and fertility planning in the United States conducted in 1955,<sup>1</sup> 1960<sup>2</sup> and 1965<sup>3</sup> offer a unique opportunity to assess such trends in both attitude and practice in recent years.

### *Attitudes Toward Fertility Control*

Has the attitude of American women toward fertility control become more favorable in recent years? Strictly speaking, the data from the

three surveys do not permit a precise answer because of differences in the phrasing of the respective questions and in the coding of responses; nevertheless, the procedures were sufficiently similar in the 1960 and 1965 studies to encourage comparisons.<sup>4</sup>

The questions asked in 1960 are:

Q. 61. "Many married couples do something to limit the number of pregnancies they have or to control the time when they get pregnant. In general, would you say you are *against* this, *for* it, or what?"

Those who replied "against"—20 percent—were then asked:

Q. 61 c. "Some married couples use only a natural method—rhythm or safe period—to keep from getting pregnant too frequently. Would you say you are *against* this, *for* it, or what?"

The questions asked in 1965 are:

Q. 63. "Many married couples do something to limit the number of pregnancies they will have. In general, would you say you are *for* this or *against* this?"

All respondents, regardless of their answers, were then asked:

Q. 64. "Some couples use a natural method—rhythm or safe period—to keep from having too many pregnancies. Would you say you are *for* this or *against* this?"

The main differences between the two sets of questions appear to be: (1) the primary question in 1960 includes the phrase "or to control the time when they get pregnant" while the 1965 version confines the question to the limitation of the number of pregnancies; (2) the 1965 questions reversed the ordering of the options *for* and *against*; (3) the word "only," used in the 1960 question on rhythm, was deleted in 1965. It is impossible to estimate how serious these differences are; it seems, however, that some counterbalancing is involved.

The responses of white women to these questions are presented for both samples in Table 1. In terms of response where method is unspecified, it appears that the answer to our initial question is yes: there has been an increase in the proportion of women who endorse the idea of fertility control. The increase is due primarily to a substantial change in the attitude of Catholic women. If we define a "favorable" attitude to include endorsement of the rhythm method only (the following tables include both measures) the change is less pronounced, and possibly even nonexistent for non-Catholic women. Among Catholics, there appears to have been some increase in favorability—from 85 percent in 1960 to 93 percent by 1965. In particular, there has been some shift among Catholics away from restricting endorsement to the rhythm method toward approval of fertility control in general.<sup>5</sup>

Protestant women, who by 1960 were already overwhelmingly

in favor of fertility control, reveal virtually the same pattern of response in 1965. Particular denomination seems to make little difference with the exception of members of fundamentalist sects who are slightly (5 percent) less favorable (tabular detail not presented).

As noted above, the question on rhythm was asked in 1960 only of women who replied "against" to the more general question, but was asked of all women in 1965. A substantial fraction of the latter (one-third of all white women and nearly one-quarter of Catholic women) say they are "against" the rhythm method but for fertility control in general. This interesting pattern may reflect a combination of anti-Catholicism for some non-Catholics and anti-traditionalism for some Catholics as well as for others an attitude shaped by negative experience with the method.

### *Cohort Analysis*

Table 2 has been prepared to permit examination of the trend in attitude toward fertility control by birth cohort. The percentages on each upper diagonal are from the 1960 study; those on the lower diagonals are from the 1965 study.

Comparisons of the proportions favorable across cohorts for women at the same age reveal a distinct time trend in which all cohorts seem to have participated. The increase in proportion favorable—most of which we have seen occurs in the Catholic group—does not appear to be concentrated only among the more recent cohorts.

If we focus on age differences within cohorts, there seems to be some tendency for the increase in favorable attitude to have been larger among the younger women, who are probably more responsive to change.

### *Education*

Analysis of the trend in attitude toward fertility control by wife's education (Table 3) reveals a pattern only for Catholic women, among whom the amount of change is directly associated with amount of education. This differential indicates a radical change in the position of the Catholic women who have attended college. In 1960, only 39 percent of college-educated Catholic women were favorable, less than that for any other educational category; five years later the proportion reached 67 percent. Comparison of the proportions including women only favorable to rhythm reveals that the explanation lies in a substantial shift of Catholic college-educated women away from an exclusive endorsement of rhythm toward a more general endorsement of fertility control.

The reasons for such a dramatic change over such a short period

of time can only be conjectured. It seems plausible that educated women would have been exposed more to the publicity about the discussions on birth control within the councils of the Catholic Church and the attitudes of some have probably been affected by the atmosphere of uncertainty and doubt about the official position. However, even if this interpretation is correct, it does not explain why Catholic women who attended college were so little in favor of fertility control in 1960. The explanation seems to lie in the fact that more educated Catholic women tend to be more religious and attend Catholic educational institutions, in part because they are disproportionately Irish in origin, a circumstance which in turn implies more orthodox Catholicism.

### *Religion of the Couple*

Thus far our observations about the influence of religion on attitude toward fertility control have been restricted to the affiliation of the wife irrespective of her husband's religion. Table 4 has been prepared to show the influence of the husband's religion, and also the trend in attitude among couples in terms of the religion of both spouses. It is quite clear from this tabulation that the attitude of the Catholic wife/Protestant husband combination—formerly more like that of the Catholic couple than the Protestant wife/Catholic husband couple—has moved sharply toward the Protestant position. In the most general terms, the fact of being Catholic is becoming less significant as a factor in shaping attitudes toward fertility control and, as we shall see subsequently, in the practice of contraception itself.

### *Religiousness of Catholic Women and Attitudes Toward Fertility Control*

Past research on social factors influencing Catholic fertility and contraceptive practice has consistently disclosed strong associations with devoutness, as measured by religious practice; the two earlier studies both indicated similar relationships with attitudes toward fertility control. In Table 5 we have tabulated attitudes toward fertility control by the frequency with which Catholic women receive the sacraments. Several features of this analysis are noteworthy. If we include in the concept of "favorable" endorsement of rhythm specifically, Catholic women are now uniformly (and nearly unanimously) in favor of fertility control regardless of degree of devoutness. On the other hand, devoutness still strongly differentiates this attitude if those in favor of rhythm only are not included.

The largest change in the 5-year period seems to have occurred among Catholics who are more than nominally and less than ex-

tremely devout, that is, women who report receiving sacraments more than a few times a year but less than once a week or more. The category of the most devout women, however, has experienced some increase in overall favorability despite the absence of change in the proportion endorsing rhythm only.

### *Attitude and Practice*

Much of our interest in the study of attitudes toward contraception resides in the assumption that attitudes relate to behavior. Ignoring the questions of the temporal sequence of attitude and practice, and of their interaction, the evidence in Table 6 clearly sustains this assumption. Among Catholic women (for whom there is sufficient variation in attitude to make the question interesting) there is a rather strong association between attitude and practice.<sup>6</sup>

### *Trend in Attitude Among Nonwhite Women*

Comparison of the change in attitude among white and nonwhite women (Table 7) reveals a trend toward convergence; a difference of 12 percent in 1960 has diminished to 3 percent by 1965. Subdivision by region of residence and wife's education indicates that changes in the South and among the less educated nonwhites are responsible for this convergence, although small numbers of nonwhites require caution. The same pattern of change viewed from a different perspective is manifest in the sharp reduction among nonwhites in the amount of association between education and attitude over the five years compared with little change among whites. A substantial part of the explanation of convergence is the rapidly improving educational composition of the nonwhite population as reflected in successive samples of women 18-39 years of age.

Cohort analysis of the trend in attitude among nonwhites (Table 8) indicates that all cohorts (at each age) have participated in the rise in proportions favorable toward fertility control, and that the rise appears to be somewhat greater for the younger cohorts.

### *The Use of Contraception*

Attention in the past few years has focused on the emergence of two radically new techniques of contraception—the pill and the intra-uterine contraceptive device. Indeed, one of the main reasons for conducting the 1965 National Fertility Study was to estimate the use and demographic significance of the pill<sup>7</sup> (the IUD appeared much later) and it was discovered that by late 1965 the pill had “become the most popular method of contraception used by American couples.”<sup>8</sup>

In the present report, we are concerned not with the specific methods of contraception used but rather with the trend in the use

of contraception in general, an analysis which assumes added significance in view of the recent decline of fertility in the U.S. In the first part of this paper we reported a trend over the decade in the direction of a more favorable *attitude* toward contraception; we turn now to the question of whether a similar trend prevails in the *use* of contraception.

### *Comparability of Estimates*

The questions used in the three interview surveys forming the basis for our estimates of the trend in the use of contraception differ in some details. Although the wording of the main question varied somewhat in each study,<sup>9</sup> the major difference is that the 1955 and 1960 studies both asked a question initially about whether the couple had *ever* used any method, whereas the questions on use in the 1965 study were located in the context of a pregnancy history beginning with use before the first pregnancy; estimates for 1965 of the proportion of women who ever used contraception were then derived by examining successive intervals. The differences in the procedure followed in 1965 and that in the previous studies would appear to have opposite effects. On the one hand, the use of repeated questions for successive intervals to derive estimates of "ever use" possibly reduced underreporting; on the other hand, the absence of follow-up questions probing possible use of methods not listed on the card shown to the respondent probably resulted in some underreporting.

Other procedures were similar. In all three interview schedules the attitudinal questions analyzed earlier preceded questions on use. In all three studies, the rhythm method is included in the concept of contraception. And, although details vary, a distinction has been maintained consistently between what has been called use on an "action" and on a "motive" basis. The present report deals only with the use of contraception for the explicit purpose of controlling the timing and/or number of pregnancies.<sup>10</sup> The primary measure of contraceptive use is simply whether the woman reports that she and her husband have *ever* used any method of fertility control. This crude classification does not measure regularity, effectiveness, or length of use, all of which will be analyzed in subsequent reports.

### *The Extent of Use of Contraception in the U.S.*

As of 1965, 84 percent of married white women 18-39 years of age report having used some method of contraception (Table 9). If we add to this figure the number of women who say they expect to use a method later (many being women married only a short time) the proportion reaches 90 percent. And finally, if we exclude women report-

ing problems of subfecundity, we find that the proportion of fecund women who have ever used or expect to use contraception is 97 percent. Clearly the norm of fertility control has become universal in contemporary America. This widespread use of contraception in the United States has not just developed in the past few years. In 1955, 70 percent reported having used contraception and by 1960 the figure had reached 81 percent. The increase to 84 percent by 1965 simply continues this trend. The same pattern of increase is also evident when the proportion expecting to use in the future is included. With practice approaching universality, the rate of increase must of course diminish with only little opportunity for further expansion.

Among the subfecund, the changes in the proportions who have used are in the same direction; this probably implies a growing tendency to use earlier in married life.

### *Duration and Parity*

Data on duration and parity are useful to indicate the time pattern of adoption of use. In every study the proportions who have used are highest for duration 5-9 and for parity three. The decline for higher durations probably represents a combination of recall error, onset of subfecundity with age, and increased tendency to use (and use earlier) among successively more recent cohorts. The same explanations are relevant for the small declines with advancing parity with the additional important contributing cause that the women in higher parities are self-selected in ways that are relevant to use or nonuse. Accordingly it is of interest that in 1965 there is much less decline with advancing parity than there was in 1955 and 1960.

### *Cohort, Age, and Religion*

Table 10 shows estimates of past or prospective use of contraception by cohort, age, and religion. The data in the upper diagonal of each panel are from the 1955 study, those in the middle diagonal are from 1960, and those in the lower diagonal from 1965. Comparing successive cohorts at the same age (reading down each column), there have been monotonic increases over the entire sequence for both Protestant and Catholic subsamples alike; this observation applies to the percent who have used as well as the combined percent who have used or expect to use. Variations by age within each cohort (reading across each row) are likewise generally positive.

The bottom panels of Table 10 show the differences over time between Protestants and Catholics in the proportion who have used, and in the proportion who have used or expect to use. It is apparent

from both of these tables that, for each cohort as age advances, and from cohort to cohort at each age, the difference is becoming attenuated. The convergence is particularly marked in the table which combines those who have used with those who expect to use. The inference from this observation is that young Catholics begin to use contraception later than young Protestants.

It is probable that there has been some intercohort increase in the likelihood of using contraception before the end of the childbearing period. This is particularly so among Catholics, in part because not much increase could be expected beyond the high values already recorded for Protestants, given the circumstances that accruing sterility problems obviate for many the necessity for use. Nevertheless, it is likely that the major changes, especially for the young, represent a decline in the age at which contraception is used rather than a rise in the likelihood of it ever being used.

### *Age and Education*

In 1955 there was a strong differential by education in contraceptive practice (Table 11). This differential was sharply reduced between 1955 and 1960 and again between 1960 and 1965, except among women reporting having used contraception who have had only a grade school education. Essentially the same story is revealed once an age control is introduced, with the important qualification that the low proportion of grade school respondents reporting that they have used or expect to use is revealed as a consequence of the reports of women now past 30; among the 18-29 the proportion has approached equality with those for women with more education. Furthermore, the proportion of women 18-39 with a grade school education has declined from 14 percent in 1955 to 9 percent in 1965, and is less than 7 percent among the 18-29 in 1965. Thus in one way or another, the last component of never-users is being crased from the population. The remaining discrepancy is apparently the tendency for young women now past 30; among the 18-29 the proportion has approached because the differential remains substantial if attention is confined to those who have already used contraception.

### *Religion and Education*

The estimates in Table 12 show that differentials by education in the two measures of contraceptive use prevail in each survey year within the Protestant and Catholic subsamples. The strongest difference by education, regardless of religion, is that between the proportion of those with grade school education, and the proportion for those

at a higher educational level. However, a closer inspection of the table reveals that a previous pattern of use by education has vanished by 1965. In 1955, and to a somewhat lesser extent in 1960, the Catholic-Protestant difference was much greater at the college level than at the lower educational levels. This is no longer the case. The marked shift of behavior and attitude of college Catholics between 1960 and 1965 is one of the most striking findings of this analysis. The outstanding difference remaining between Protestant and Catholic use patterns, with educational level controlled, is at the grade school level. Since that differential is large only in the "have used" category, the implication is that it is a difference in timing of use. As noted above, there are reasons related to the distribution of the population by age and education to believe that this particular differential may grow smaller, and in any event become less significant as the proportion in the category declines.

#### *Husband's Income and Occupation and Wife's Work History*

The changing influence of other socioeconomic factors on contraceptive practice is shown in Table 13. Variations in the use of contraception are observable in each of the three time periods by husband's income estimated for the year preceding each survey: there is an irregularly direct but very weak relationship of use, and of use or expectation of use, to income. Through time the relationship appears to be weakening a little. Although it may be of interest that even a weak relationship persists, such analysis must proceed with caution because of changes in the meaning of the income categories through time. For example, the category \$10,000 plus has shown an increase from 3 percent in 1955 to 11 percent in 1960 and to 19 percent in 1965, while the proportion in the under \$3,000 category has declined from 21 percent to 14 percent to 6 percent in the same period.

The same observations are broadly applicable to differentials by husband's current occupational status. The differences are small, they are persistent through time, but they seem to be weakening a little as the groups with the lowest proportions increase somewhat more than those with the highest proportions. In detail it appears that the farm category has now replaced the lower blue-collar class as the occupational category with the lowest proportion; this observation must be tempered with the fact that the proportion in the farm category has shrunk from 9 percent in 1955 to 4 percent in 1965. As for the division of couples on the basis of whether the wife has or has not worked since marriage—an admittedly crude dichotomy—the absence of difference holds in 1965 as it did in 1955 and in 1960.

### *Race*

The difference between the proportions of whites and nonwhites in 1960 who reported ever having used contraception was 22 percent for women 18-39; five years later the difference had diminished to 7 percent. An even more dramatic change is apparent in the proportions who have used or expect to use contraception where the race difference has all but disappeared.

As indicated in Table 14 which presents the cohort-age trends (the 1960 estimates are on the upper diagonal and the 1965 estimates are on the lower diagonal) these changes have been brought about mainly by the most recent cohort (1941-45) although increases are evident for all four intercohort comparisons. The greatest intracohort change is evident among women of the 1936-40 cohort across the age span 20-24 to 25-29. There is now a strong differential by age within the nonwhites, suggesting a definite trend toward greater use, and the possibility that this particular differential will disappear. This hypothesis is even more strongly suggested by the bottom tier of Table 15 which shows the pattern of rapidly declining differences between the two races.

The bulk of the nonwhite couples in both surveys were residents of the South where most of the dramatic increases in contraceptive practice appears to be concentrated (Table 15). The change in the fraction of nonwhites in the South ever using contraception has gone from half to three-quarters in the five-year period.

The increase in the use of contraception is particularly evident among nonwhites currently living on a Southern farm though they are only a small minority of this nonwhite population. The greater increase of use in this category has resulted in narrowing the difference between nonwhites on a Southern farm and all others.

A similar pattern exists when the differences between the races are examined in the light of wife's education and husband's income; although a positive association persists in 1965 it is not as strong as in 1960. In 1960 the relationship between contraceptive practice and education among nonwhites was stronger than among whites; in 1965 this is no longer true. In fact, with education or income controlled, there are only small differences in contraceptive practice between white and nonwhite couples.

### *Summary and Conclusions*

On the basis of data collected from three national sample surveys in 1955, 1960, and 1965, trends in attitudes toward fertility control and in the use of contraception have been analyzed.

The major findings in connection with changes in attitudes since 1960 are: (1) American women have become increasingly favorable toward the principle of fertility control; (2) the greatest change has occurred among Catholic women, many of whom have moved away from exclusive endorsement of the rhythm method; (3) this change in Catholic attitude has been especially marked among the better educated Catholic women; and (4) the gap between white and nonwhite attitudes has narrowed considerably by 1965 because of the rapid change in nonwhite attitudes, due in part to increasing education.

Analysis of trends in the proportion of women who report ever having used contraception and those who expect to use leads to the following conclusion: (1) The upward trend evident between 1955 and 1960 has continued to 1965 though necessarily at a reduced rate; (2) couples appear to be adopting contraception earlier in marriage; (3) Protestant-Catholic differences in use are continuing to diminish; (4) use of contraception has increased most sharply among the more educated Catholic women; (5) education generally is becoming less important in differentiating use; and, (6) due to a substantial increase in use among nonwhite women, especially young women in the South, the white-nonwhite differences in proportions using contraception will probably disappear in the near future.

*Table 1. Attitude of White Women Toward Fertility Control by Religion, 1960 and 1965*

<i>Attitude</i>	<i>Total<sup>1</sup></i>		<i>Protestant</i>		<i>Catholic</i>	
	<i>1960</i>	<i>1965</i>	<i>1960</i>	<i>1965</i>	<i>1960</i>	<i>1965</i>
For fertility control, method unspecified	80	85	91	92	52	70
For rhythm method only	13	10	5	4	33	23
Against fertility control	5	4	3	4	9	6
Not ascertained	2	1	1	—	5	1
Percent total	100	100	100	100	100	100
Number of women	2414	2918	1596	1907	663	846

<sup>1</sup>Includes women of other religions.

*Source:* The 1960 estimates are derived from Whelpton, Campbell, and Patterson, *op.cit.*, p. 178.

Table 2. Percent of White Women in Favor of Fertility Control by Religion, Cohort, and Age, 1940 and 1965<sup>1</sup>

Cohort	Percent Favorable, Method Unspecified					Total Percent Favorable, Including Rhythm Method Only					Number of Women				
	20-24	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44
1916-20					77					90					572
1921-25				80	82				92	95				677	821
1926-30			80	82				94	93				624	740	
1931-35		81	85				94	95				600	762		
1936-40	78	87				91	97				440	649			
1941-45	86					95					641				
	Protestant														
1916-20					87					94					351
1921-25				90	89				97	96				425	534
1926-30			90	89				97	95				405	478	
1931-35		93	92				96	97				396	482		
1936-40	88	92				94	98				312	433			
1941-45	93					96					424				
	Catholic														
1916-20					52					79					178
1921-25				54	62				82	92				192	241
1926-30			49	65				87	89				174	206	
1931-35		50	70				87	93				176	242		
1936-40	53	74				87	97				112	176			
1941-45	69					93					189				

<sup>1</sup>Estimates for 1960 and 1965 appear on the upper and lower diagonals respectively.

<sup>2</sup>Includes women of other religions.

Source: The 1960 estimates are derived both from Whelpton, Campbell, and Patterson, *op. cit.*, p. 181, and from the original data.

Table 3. Percent of White Women in Favor of Fertility Control by Religion and Education, 1960 and 1965

Education	Total <sup>1</sup>		Protestant		Catholic	
	1960	1965	1960	1965	1960	1965
<i>Percent Favorable Method Unspecified</i>						
College	86	89	96	97	39	67
High school 4	83	87	93	93	55	73
High school 1-3	80	85	88	89	58	72
Grade school	68	69	79	79	46	52
<i>Total Percent Favorable Including Rhythm Method Only</i>						
College	97	98	99	98	88	96
High school 4	95	97	98	97	88	96
High school 1-3	93	94	95	95	87	90
Grade school	82	82	87	89	74	75
<i>Number of Women</i>						
College	427	585	284	400	79	136
High school 4	1153	1422	752	910	341	439
High school 1-3	579	644	392	437	168	177
Grade school	255	267	168	160	80	94

<sup>1</sup>Includes women of other religions.

Source: The 1960 estimates are derived from Whelpton, Campbell, and Patterson, *op. cit.*, p. 177.

Table 4. Percent of White Women in Favor of Fertility Control by Religion of Wife and Husband, 1960 and 1965

Religion		Method		Rhythm		Total		Number	
		Unspecified		Only		Favorable			
Wife	Husband	1960	1965	1960	1965	1960	1965	1960	1965
Prot.	Prot.	91	92	5	4	96	96	1454	1701
Prot.	Cath.	78	90	10	6	88	96	106	127
Cath.	Prot.	59	83	28	11	87	94	114	133
Cath.	Cath.	52	67	34	25	86	92	525	691

Source: The 1960 estimates are derived from Whelpton, Campbell, and Patterson, *op. cit.*, p. 180.

Table 5. Percent of White Catholic Women in Favor of Fertility Control by Frequency of Receiving Sacraments,<sup>1</sup> 1960 and 1965

Frequency Receive Sacraments	Method Unspecified		Rhythm Only		Total Favorable		Number	
	1960	1965	1960	1965	1960	1965	1960	1965
Never	72	83	19	7	91	90	84	145
Once a year or less	78	85	15	10	93	95	61	92
Few times a year	59	72	29	21	88	93	160	169
Once a month	48	70	35	23	83	93	191	177
Two or three times a month	35	65	49	29	84	94	78	107
Once a week or more	33	47	47	46	80	93	94	153

<sup>1</sup>In 1960, the question referred to receiving Sacraments and in 1965 to receiving Communion.

Source: The 1960 estimates are derived from Whelpton, Campbell, and Patterson, *op. cit.*, p. 179.

Table 6. Attitude of White Catholic Women Toward Fertility Control by Type of Contraception Used, 1965

Attitude Toward Fertility Control	Never Used Any Method	Have Used Only Rhythm	Have Used Any Other Method	Percent Total	Number of Women
For fertility control, method unspecified	15	19	66	100	588
For rhythm method only	33	47	20	100	196
Against fertility control	64	9	27	100	56
All Catholic women <sup>1</sup>	22	25	53	100	846

<sup>1</sup>Includes six women whose responses to both questions do not permit classification.



Table 8. Percent of Nonwhite and White Women in Favor of Fertility Control by Cohort and Age, 1960 and 1965<sup>1</sup>

Cohort	Percent Favorable, Method Unspecified				Total Percent Favorable Including Rhythm Method Only				Number of Women			
	20-24	25-29	30-34	35-39	20-24	25-29	30-34	35-39	20-24	25-29	30-34	35-39
<i>Nonwhite</i>												
1921-25				61				73				66
1926-30			70	77			83	87			79	182
1931-35		74	81			82	90			65	202	
1936-40	68	82			84	93			50	200		
1941-45	87				92				214			
<i>White</i>												
1921-25				80				92				677
1926-30			80	82			94	93			624	740
1931-35		81	85			94	95			600	762	
1936-40	78	87			91	97			440	649		
1941-45	86				95				641			

<sup>1</sup>Estimates for 1960 and 1965 appear on the upper and lower diagonals respectively.

Source: The 1960 estimates are derived from the original data.

Table 9. Percent of Couples Who Have Used or Expect to Use Contraception by Fecundity, Duration of Marriage, and Parity: 1955, 1960, and 1965

	Percent Have Used			Percent Have Used or Expect to Use			Number of Couples		
	1955	1960	1965	1955	1960	1965	1955	1960	1965
Total	70	81	84	79	87	90	2713	2414	2402
<i>Fecundity</i>									
Fecund	83	89	93	91	96	97	1794	1674	2040
Subfecund	45	62	63	55	68	72	919	740	882
<i>Duration of Marriage</i>									
Under 5	65	75	82	81	91	93	649	544	661
5-9	75	86	87	83	91	93	869	649	753
10-14	73	82	86	79	86	89	686	702	719
15 or more	65	78	82	68	80	84	509	519	778
<i>Parity</i>									
0	42	55	56	59	72	75	419	301	358
1	71	74	81	82	85	90	603	463	491
2	78	89	89	84	93	92	843	682	753
3	81	89	91	87	92	93	468	499	613
4	73	87	90	78	90	94	190	263	372
5	67	80	90	74	84	93	104	119	161
6 or more	57	76	81	65	78	84	86	87	160

Source: The 1955 and 1960 estimates are from Whelpton, Campbell, and Patterson, *op. cit.*, p. 214.

Table 10 Percent of White Couples Who Used or Expect to Use Contraception, by Cohort, Age at Interview and Religion: 1955, 1960, and 1965

Cohort	Percent Have Used					Percent Have Used or Expect to Use					Number of Couples				
	20-24	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44
	Total <sup>2</sup>														
1916-20				65	76				69	77				695	572
1921-25			73	77	78			79	80	79			748	677	821
1926-30			73	83	81		83	88	84			714	624	740	
1931-35	71	84	84			85	91	88			464	600	762		
1936-40	79	86				92	93				440	649			
1941-45	85					94					641				
<i>Protestant</i>															
1916-20				70	79				74	80				457	351
1921-25			76	81	80			82	84	82			505	425	534
1926-30			80	85	82		89	89	85			461	405	478	
1931-35	76	89	87			90	93	89			320	396	482		
1936-40	83	90				93	94				312	433			
1941-45	88					95					424				
<i>Catholic</i>															
1916-20				55	66				58	67				209	178
1921-25			63	67	71			72	69	71			212	192	241
1926-30		59	75	77			70	80	81			220	174	206	

<sup>1</sup>Estimates for 1955, 1960, and 1965 appear on the upper, middle, and lower diagonals respectively.

<sup>2</sup>Includes women who are neither Catholic nor Protestant.

Table 10.—Cont.

	Percent Have Used					Percent Have Used or Expect to Use					Number of Couples				
	20-24	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44
Catholic															
1931-35	58	71	79			73	85	86			128	176	242		
1936-40	65	78				87	89				112	176			
1941-45	79					91					189				
Protestant Minus Catholic															
1916-20				15	13						16	13			
1921-25			13	14	9				10	15	11				
1926-30		21	10	5			19	9	4						
1931-35	18	18	8			17	8	3							
1936-40	18	12				6	5								
1941-45	9					4									

Source: Estimates for the 1916-30 cohorts in 1955 from Freedman, Whelpton, and Campbell, *op.cit.*, p. 106. The 1931-35 cohort statistics for 1955 are derived from the original data. Estimates for the 1916-35 cohorts in 1960 are from Whelpton, Campbell, and Patterson, *op.cit.*, pp. 207, 218. The 1936-40 and 1916-20 cohort statistics by religion for 1960 are derived from the original data.

Table 11 Percent of White Couples Who Have Used or Expect to Use Contraception by Wife's Age and Education: 1955, 1960, and 1965

Wife's Education	Percent Have Used					Percent Have Used or Expect to Use					Number of Couples				
	Total					Total					Total				
	18-24	25-29	30-34	35-39	Total	18-24	25-29	30-34	35-39	Total	18-24	25-29	30-34	35-39	
<i>Total</i>															
1955	70	68	73	73	65	79	84	83	79	69	2713	556	714	748	695
1960	81	78	84	83	77	87	92	91	88	80	2414	513	600	624	677
1965	84	84	86	84	81	90	94	93	88	84	2912	762	649	762	740
<i>College</i>															
1955	85	86	85	88	80	88	89	90	92	82	417	76	115	112	114
1960	88	83	88	92	87	93	95	95	94	90	427	59	121	121	126
1965	88	87	88	89	87	94	97	94	93	91	585	124	158	166	137
<i>High school 4</i>															
1955	74	70	78	77	69	83	88	87	83	72	1236	271	347	348	270
1960	83	78	89	84	80	90	93	94	90	81	1153	278	286	290	299
1965	86	85	88	89	83	92	94	93	93	86	1420	375	309	375	361
<i>High school 1-</i>															
1955	66	62	69	71	62	76	80	82	78	65	681	166	174	176	165
1960	78	78	75	82	76	85	92	85	86	77	579	145	137	138	159
1965	83	84	83	78	84	88	95	89	81	86	641	209	144	140	148
<i>Grade school</i>															
1955	49	51	46	46	51	59	67	61	54	58	377	43	76	112	146
1960	66	74	71	67	59	72	81	82	71	65	255	31	56	75	93
1965	65	0	77	59	61	75	89	95	68	65	267	54	39	80	94

Source: The 1955 and 1960 estimates are from Whelpton, Campbell, and Patterson, *op. cit.*, p. 217.

**Table 12.** Percent of White Couples Who Have Used or Expect to Use Contraception, By Wife's Education and Religion: 1955, 1960, and 1965

Education	Total <sup>1</sup>			Protestant			Catholic		
	1955	1960	1965	1955	1960	1965	1955	1960	1965
<i>Percent Have Used</i>									
Total	70	81	84	75	84	87	57	70	78
College	85	88	88	90	93	90	62	67	81
High school 4	74	83	86	80	86	88	61	73	82
High school 1-3	66	78	83	70	80	86	59	73	75
Grade school	49	66	65	53	73	72	41	54	55
<i>Percent Have Used or Expect to Use</i>									
Total	79	87	90	83	90	91	67	80	87
College	88	93	94	92	96	95	71	82	89
High school 4	83	90	92	88	92	92	71	83	89
High school 1-3	76	85	88	79	87	90	68	80	85
Grade school	59	72	75	63	77	79	49	64	72
<i>Number of Couples</i>									
Total	2713	2414	2912	1817	1596	1902	787	668	815
College	417	427	584	306	284	399	73	79	136
High school 4	1236	1153	1420	794	752	909	396	341	438
High school 1-3	681	579	641	457	392	434	208	168	177
Grade school	377	255	267	260	168	159	110	80	91

<sup>1</sup>Includes women who are neither Catholic nor Protestant.

*Source:* The 1955 estimates are partly from Freedman, Whelpton, and Campbell, *op. cit.*, p. 109 and partly from tabulations of the original data. The 1960 data are from Whelpton, Campbell, and Patterson, *op. cit.*, p. 201.

*Table 13. Percent of Couples Who Have Used or Expect to Use Contraception by Husband's Income and Occupation and By Whether the Wife Worked Since Marriage: 1955, 1960, and 1965*

<i>Characteristic</i>	<i>Percent Have Used</i>			<i>Percent Have Used or Expect to Use</i>			<i>Number of Couples</i>		
	1955	1960	1965	1955	1960	1965	1955	1960	1965
<i>Total</i>	70	81	84	79	87	90	2713	2414	2912
<i>Husband's Income</i>									
\$10,000 or more	76	89	89	81	91	92	88	261	540
\$7000-\$9999	81	84	88	84	89	90	156	405	730
\$6000-\$6999	80	85	86	84	89	89	186	312	421
\$5000-\$5999	77	80	82	85	88	88	393	423	486
\$4000-\$4999	73	81	78	81	88	87	583	380	301
\$3000-\$3999	69	77	81	78	85	86	619	306	185
Under \$3000	59	70	70	71	82	80	581	327	168
<i>Husband's Occupation</i>									
Upper white-collar	81	86	88	85	90	93	620	725	804
Lower white-collar	76	84	87	82	89	91	286	312	390
Upper blue-collar	69	79	83	77	86	88	644	465	708
Lower blue-collar	62	76	81	74	84	88	765	670	765
Farm	63	81	78	74	84	85	242	154	130
<i>Wife Worked Since Marriage</i>									
Never worked	67	80	82	77	87	90	819	683	725
Worked	71	81	85	79	87	90	1866	1713	2193

*Source:* Estimates for the income categories above \$6000 in 1955 derived from the original data. All other estimates are mainly from Whelpton, Campbell, and Patterson, *op. cit.*, pp. 185 and 216.

Table 14. Percent of Couples Who Have Used or Expect to Use Contraception, by Cohort, Age at Interview, and Race, 1960 and 1965.<sup>1</sup>

Cohort	Percent Have Used				Percent Have Used or Expect to Use				Number of Couples			
	20-24	25-29	30-34	35-39	20-24	25-29	30-34	35-39	20-24	25-29	30-34	35-39
<i>Nonwhite</i>												
1921-25				53				58				66
1926-30			66	65			77	71			79	182
1931-35		65	74			85	84			65	202	
1936-40	50	82			80	90			50	200		
1941-45	84				96				214			
<i>White</i>												
1921-25				77				80				677
1926-30			83	81			88	84			624	740
1931-35		84	84			91	88			600	762	
1936-40	79	86			92	93			440	649		
1941-45	85				94				641			
<i>White Minus Nonwhite</i>												
1921-25				24				22				
1926-30			17	16			11	13				
1931-35		19	10			6	4					
1936-40	29	4			12	3						
1941-45	1				-2							

<sup>1</sup> Estimates for 1960 and 1965 appear on the upper and lower diagonals respectively.Source: The 1960 estimates are from Whelpton, Campbell, and Patterson, *op. cit.*, pp. 207, 359 and the original data.

Table 15. Percent of Nonwhite and White Couples Who Have Used or Expect to Use Contraception, By Region of Residence, Southern Farm Residence, Education of Wife, and Income of Husband, 1960 and 1965

Characteristic Age:	Percent Have Used				Percent Have Used or Expect to Use				Number of Non- whites	
	Nonwhite		White		Nonwhite		White		1960	1965
Total	59	77	81	84	76	86	87	90	270	837
Region:										
Northeast	76	84	77	84	95	91	85	89	41	158
Northcentral	59	74	82	84	76	79	88	91	74	131
West	*	83	80	83	*	93	89	92	19	46
South	51	75	83	87	68	85	88	88	136	502
Southern Farm Residence:										
On farm now	36	63	86	76	52	80	87	82	33	67
All other	62	78	81	84	79	86	87	90	237	770
Wife's Education:										
College	86	85	88	88	95	88	93	94	37	106
High school 4	67	83	83	86	81	91	90	92	73	285
High school 1-3	56	79	78	83	79	87	85	88	86	290
Grade school	42	58	66	65	57	71	72	75	74	156
Husband's Income:										
\$6000 or more	76	82	86	88	88	90	89	90	25	183
5000-5999	63	81	80	82	81	89	88	88	32	162
4000-4999	59	79	81	78	73	85	88	87	51	172
3000-3999	56	75	77	81	80	82	85	86	45	156
Under \$3000	56	68	70	70	71	81	82	80	117	155

\*Too few cases.

Source: The 1960 estimates for nonwhites are from Whelpton, Campbell, and Patterson, *op. cit.*, pp. 358-59 and from the original data.

## Notes

1. Ronald Freedman, Pascal K. Whelpton, and Arthur A. Campbell, *Family Planning, Sterility and Population Growth* (New York: McGraw-Hill, 1959).

2. Pascal K. Whelpton, Arthur A. Campbell, and John E. Patterson, *Fertility and Family Planning in the United States* (Princeton, N. J.: Princeton University Press, 1966).

3. The 1965 data were collected in the National Fertility Study under a contract between Princeton University and the National Institute of Child Health and Human Development. The authors would like to acknowledge

the able assistance of Shirrell Buhler and Susan Hyland of the Office of Population Research, Princeton University, who were responsible for the data processing. We would also like to express our appreciation to Larry Bumpass for preparing several special tabulations of the 1955 and 1960 data.

4. The 1955 data are not included because the question did not make any allowance for women who approved of the rhythm method but objected to other methods of birth control. In addition, the question was open-ended and thus required coding. In both 1960 and 1965 separate questions were asked about the rhythm method and they were mainly pre-coded.

5. Although the shift could be simply the result of a more permissive style of response among Catholics—the reduction from 5 to 1 percent in the “not ascertained” category may be pertinent here—other data on methods of contraception actually used by Catholics support the hypothesis of a real change in attitude. See Westoff and Ryder, “United States: Methods of Fertility Control, 1955, 1960 and 1965,” in William T. Liu, ed., *Family and Fertility*, University of Notre Dame Press, 1967, pp. 157-69. (Reprinted in *Studies in Family Planning*, February 1967.)

6. The association is diluted, of course, by such factors as sterility and young women recently married who have not begun to use contraception.

7. Norman B. Ryder and Charles F. Westoff, “Use of Oral Contraception in the United States, 1965,” in *Science*, 153, September 9, 1966, pp. 1199-1205. Also see Norman B. Ryder and Charles F. Westoff, “Oral Contraception and American Birth Rates” in William T. Liu, ed., *Family and Fertility*, *op. cit.*, pp. 171-84 (reprinted as “The United States: The Pill and the Birth Rate” in *Studies in Family Planning*, No. 20, June 1967, pp. 1-3.)

8. Westoff and Ryder, “United States: Methods of Fertility Control, 1955, 1960 and 1965,” *Family and Fertility*, *op. cit.*, pp. 164-65.

9. The main questions in the three studies were: 1955—Q. 43. “Now in your own case, have you or your husband ever done anything to limit the number of your children or to keep from having them at certain times?”

1960—Q. 65. “Here is a card with the names of methods some married couples use to keep from getting pregnant. Have you or your husband ever used any of them?”

If the wife said “yes” she was asked which methods had been used. If she said “no” she was asked:

Q. 65b. “Have you ever used any methods not shown on this card?”

1965—Q. 100. “Here is a card with the names of methods couples use to delay or prevent having a baby. During this time, which method or methods, if any, did you or your husband use?”

This question was repeated for each interpregnancy interval.

10. This excludes the use of douching for cleanliness only, as well as the use of the “pill” for non-contraceptive reasons. The latter is estimated in Ryder and Westoff, “Use of Oral Contraception in the United States,” *Science*, *op. cit.*, p. 1200.

Mrs. PIOTROW. Thank you very much.

Mr. KYROS. Thank you very much for your testimony.

Our next group of witnesses will testify together. Mrs. Wilson, chairman, Uptown Committee for Family Planning; Mrs. Mildred Hill, New York; Miss Shirley Bolden, New York; Mr. Cary Nabinet, New York.

Mr. ROGERS (presiding). We welcome you to the committee and I wonder if each would identify herself for the record.

**STATEMENT OF MRS. LAETITIA WILSON, CHAIRMAN, UPTOWN COMMITTEE FOR FAMILY PLANNING; ACCOMPANIED BY MRS. MILDRED HILL, NEW YORK CITY; MISS SHIRLEY BOLDEN, BRONX, N.Y.; AND CARY NABINET, NEW YORK CITY**

Mrs. WILSON. Mr. Chairman, I am Mrs. Laetitia Wilson. We are a voluntary group of citizens from New York City known as the Uptown Committee for Family Planning. We are here today because you Congressmen have heard a lot of people talking on both sides of this family planning bill. You have heard from Government officials and doctors and preachers but you have not heard from the people who count. We are those people.

We are women who want and need and are getting family planning services. We do not care about your budget or your management plans or your population problems. We care about what is and what must be the right of every woman, to decide how many babies to have and when to have them. Motherhood should be a beautiful and dignified thing but how can it be when you know that you do not have enough room for another baby, enough energy for another baby? You may not even have enough love for another baby.

We love our children just as much as rich people. We want them to grow up to have more than we do. We want them to be healthy, to be educated, but how can we give a new baby something better when we do not have enough to care for those we have now? Rich people can make a decision and go to a doctor and that is it. We do not have money for doctors. We need clinics and we want clean clinics where we are treated like human beings, not like animals.

Let me ask the gentlemen from the Catholic church some questions. What do you know about poverty? Have you ever been hungry? Will the church send a monthly check to aid indigent families? If you do not know that you cannot work because you are pregnant or you cannot work because you have a baby at home, and no one to take care of it, or that you and your husband are going to have to feed one more mouth on the money that cannot feed all you have now, that you do not know about poverty.

How would you like to know that you cannot buy shoes for the kids you have and another one for the one that is on the way?

You say that this bill will let the Government say how many children you can have. Let me tell you that right now you and the Government are telling us women and our husbands that we have to keep on, on, and on having children we do not want and keep on being poor. Other women have a choice. We have our children. We love our children. And we want to plan our families so that each of our children can

fulfill his fullest potentiality. We can only accomplish this desire through family planning services.

Thank you.

Mr. ROGERS. Thank you, Mrs. Wilson for your statement. It will be most helpful to the committee.

Who would like to speak next?

Mr. NABINET. We only want to say—I am a social worker in the Harlem community and I want for the community to know that the people we are working with are concerned about the quality and type and the availability of family planning services in their communities. They will use it, they do want it, and they feel that it is helpful. This has been our experience in all of the communities that we are working in in New York City, Spanish speaking, black, white, et cetera.

Mr. ROGERS. Thank you. May I just ask—well, I will wait until all the statements are made.

Any other statement to be made?

Mr. NABINET. No; there are others.

Mr. ROGERS. Mr. Kyros.

Mr. KYROS. Well, I want to thank you for taking the time to come down here and appear before the committee and particularly for waiting so late on Friday afternoon to testify.

There has been much testimony here. Some honest people have said that this is a form of genocide of minority groups and, of course, it is very disturbing to anyone to hear a thing like that. They have said that it is a form of genocide. I think you people have had experience; what do you think about that? Mrs. Wilson?

Mrs. WILSON. The people in our community who are aware of what is being done do not look upon family planning services as genocide. They look upon it as a source of help to themselves and to their families.

Mr. KYROS. Do you know of many people who are very low income people, people who would call poor people, who without this information would produce children who are ill, would produce children without spacing them correctly, would produce child after child? Do you know of such people?

Mr. NABINET. I think I would like to respond to that. In fact, I would like to respond to both questions.

We feel in the New York City community that family planning alone or birth control is not the answer. We think that family planning and birth control should be coupled with other services that people need and I think this is particularly true for the low-income persons. To bring a birth control pill or bring a family planning program into a community without considering the other kinds of services that they need clearly would be looked upon by them as a form of genocide.

Mr. KYROS. Do you mean they should have counseling as to what kind of health a woman should have before she has her baby, about prenatal and postnatal care—in other words, continuing services around the birth of the child?

Mr. NABINET. What I am saying is, we think she should have complete maternal and infant care. However, we think the kind of house she lives in is important and other kinds of services that exist in a community. At least, that should exist.

Mr. KYROS (presiding). Well, you know, Mr. Nabinet, this particular legislation does not pick up a hundred other social illnesses which we know exist in this country, but it is to make family planning services available and it is, for example, to talk about the number and spacing of children, to talk about what is available to a woman, to explain to her the physiology of her own body, to try and tell her what diets and medicine she should utilize. In other words, those things, or information which a lot of women in the low income group do not get because they do not have access to a private physician.

Now, what about those services?

Mr. NABINET. We think that the family planning services are necessary.

Mr. KYROS. Do you have a form of family planning services in New York now?

Mr. NABINET. Yes.

Mr. KYROS. Who operates these clinics?

Mr. NABINET. There are several groups who operate family planning services in New York. At the present time, we have Planned Parenthood of New York City, New York City Department of Health, and also the New York City Department of Health's maternity and infant care program. We have a limited program covering about 26 poverty pockets by way of the Human Resources Administration's family planning coordinator's office and there are some private physicians as well as other people.

Mr. KYROS. Who are they? Are these mostly State or are some of these federally funded programs?

Mr. NABINET. Mostly they are coupled in terms of funding, Federal and State, and there are private groups providing some family planning services.

Mr. ROGERS (presiding). I would like to know what the response is, for instance, is it easy to get people to come in to get this information? I have heard reports in some of the—in my area, for instance, they have had some difficulty in getting people to come in and participate. What has been the experience?

Mr. NABINET. Well, I think that varies as with all other service. Unless people clearly understand and know what the services are for, and are sufficiently motivated to want to take advantage of the service, of course, there will be some difficulty. But we have found that once people are aware of what the services are for, where they are, and how, in fact, they can get them, they do take advantage of some of these services. Of course, this is not across the board. There are still some people you cannot reach and we feel that is one of the reasons why it is important to try to expand this service.

Mr. ROGERS. Someone suggested that ought to be a part of the program, that is, doing some research in how to reach people and in how to encourage them to be interested in getting this information. Would you think this is true or not?

Mr. NABINET. We think every program should have some research components and I think this program should not be an exception.

Mr. KYROS. Mrs. Wilson, let me ask you this question. There has been testimony here that although you set up a program like this so that there will not be any coercion or compulsion on a lady to use

some contraceptive method, nevertheless, there are those poor people who when faced with this program, feel that subtly and implicitly the Government is really coercing them as to the size of their family. I am sure you have had a few social workers in New York who have seen this happen. Can you explain to me if this in fact does happen and how can we prevent it if such a bill is enacted?

Mrs. WILSON. Well, certainly, these are not difficult questions to solve and the person has to be handled very tactfully in order that they do not get the feeling that they are being coerced into taking family planning services just because the need is there. We want people to feel this is something that they do on a voluntary basis. They are not forced to do it. They are making a choice, something that will afford them greater opportunities for their future and the future of their families. So, it has to be done skillfully and here is why we need more funds and more research so that we can continue a more developed educational program along this line.

Mr. ROGERS. Thank you so much for being here and for giving us this testimony. Thank you.

This concludes our hearings.

(The following statements, resolutions, and letters were received for the record:)

#### STATEMENT OF THE AMERICAN MEDICAL ASSOCIATION

Mr. Chairman and Members of the Subcommittee: We are pleased to have this opportunity to submit to you our views on population growth and family planning, and to urge your support of this important legislation.

As we understand it, S. 2108, as passed by the Senate, would amend and expand the family planning services and population research activities of the Federal Government. The bill establishes an Office of Population Affairs within HEW under the supervision of a Deputy Assistant Secretary for Population Affairs. The Office would make formula or special project grants relating to population and family planning; administer population and family planning research; act as a clearing house on domestic and international population family planning programs; provide liaison with other federal agencies; and support training for manpower in these programs. The Secretary would be required to submit to Congress a five-year plan for the extension of family planning services to all persons desiring such services, and for research and training.

The bill includes special projects for family planning services, formula grants for family planning, training and research grants, and grants for the construction and operation of population research centers.

The last five American Presidents have expressed their growing concern over the long-term problem of population growth. President Richard M. Nixon most recently called on the Congress, on the American people and on all nations to recognize and to meet this problem.

As this body will recall, President Nixon called for the establishment by Congress of a Commission on Population Growth and the American Future which would conduct an inquiry into:

First the probable course of population growth, internal migration and related demographic developments between now and the year 2000.

Second, the resources in the public sector of the economy that will be required to deal with the anticipated growth in population.

Third, ways in which population growth may affect the activities of Federal, state, and local government.

The American Medical Association shares the concern of President Nixon and believes that the establishment in HEW of an Office of Population Affairs under the direction of a Deputy Assistant Secretary for Population Affairs, as outlined in S. 2108, will provide the needed mechanisms to accomplish the President's goals.

We are aware of already existing federal programs of family planning. Fertility-control services are now available under the Office of Economic Oppor-

tunity; Title V of the Social Security Act, and Maternal and Infant Care programs; the Children and Youth projects; and the programs of the National Institute for Child Health and Human Development. Despite these programs, the United States population continues to grow at a rapid rate, and an estimated five million women are still without access to family planning services. This situation would seem to indicate that the existing programs have not achieved maximum effectiveness. Accordingly, S. 2108, which would centralize and coordinate the existing programs and expand federal participation in family planning programs, is viewed as a desirable objective.

There is also an urgent need for a greatly expanded program of population research. If the worldwide population increase is to be controlled, it will require more scientific knowledge of human behavior. We need more research on reproductive physiology, more demographic research, and more attitudinal and motivational research. These needs can be met through S. 2108, inasmuch as a major share of appropriations under the bill is for such research.

At this point, we should like to make clear the medical distinction between birth control and fertility control which, in our opinion, is the only feasible means of coping with the population problem.

The term birth control has come to have only one meaning, the prevention of conception. Fertility control means control of fertility—the scientific ability to cause or prevent conception. There are many, many American women today, for example, who have become mothers despite medical problems which a decade ago would have left them barren.

The term fertility control, therefore, is an essentially positive approach toward human birth.

As this Committee knows, our prevailing methods of fertility control are chemical, including, the well-known "Pill". In addition to the pill, which regulates the female fertility cycle, other mechanical and chemical methods are also widely used. In addition, such approaches as a "morning after" pill for women, and a monthly drug injection instead of a daily pill, are in advanced stages of research. Research also continues on drugs which would render the male temporarily infertile.

In short, the technical ability to control population has existed for several years. In 1964, the House of Delegates of the American Medical Association stated that, "an intelligent recognition of the problems that relate to human reproduction, including the need for population control, is more than a matter of responsible parenthood. It is a matter of responsible medical service."

In that same year, the AMA House of Delegates adopted a position on family planning, stating as a matter of policy that, "The prescription of child-spacing measures should be available to all patients who require them, consistent with their creed and mores, whether they obtain their medical care through private physicians, or tax or community-supported health services."

The record is therefore abundantly clear as to AMA's position on the related questions of population control and responsible parenthood.

Let us clearly understand the nature of obstacles that must be overcome if a national effort for population control is to have the desired effect. These include education, religion, legal and economic considerations.

The most formidable of these obstacles is lack of education. Population control is only attainable when people first understand the nature of their own bodies. The AMA has conducted an intensive informational program on fertility control for some time, including editorials and articles in the Journal of the AMA, in other publications, and in literature which has been made available, nationwide.

One indication of the Association's continuing interest in educating physicians and others in the area of population control is that "Population Growth and the Physician" was the major topic for discussion at the AMA annual Congress on Environmental Health held in Washington on May 4-5, 1970.

The AMA has also strongly supported responsible sex education for young people. Earlier this year, we adopted the following AMA policy:

That the American Medical Association recognizes that the primary responsibility for family life education is in the home, and that the AMA supports in principle the inauguration by State Boards of Education or school districts, whichever is applicable, of a voluntary family life and sex education program at appropriate grade levels:

(1) As part of an overall health education program.

(2) Presented in a manner commensurate with the maturation level of the students.

(3) Following a professionally developed curriculum foreviewed by representative parents.

(4) Including ample and continuing involvement of parents and other concerned members of the community.

(5) Developed around a system of values defined and delineated by representatives comprising physicians, educators, the clergy and other appropriate groups.

(6) Utilizing classroom teachers and other professionals who have an aptitude for working with young people and who have received special training.

A second resolution provided ". . . that local organizations be urged to utilize physicians as consultants, advisors and resource persons in the development and guidance of such curriculum and that state and county medical associations be urged to take an active role in this participation.

Let us consider, if we may, the subject of responsible sex education in this light: The United States is a country where one sixth of all brides are pregnant on their wedding day, one out of every three high school brides is pregnant when she marries, where one half to three fourths of the boys who marry while in high school are involved in premarital pregnancies, and where approximately half the teenage marriages end in divorce.

The idea of population planning is one whose time has come. All major Judeo-Christian religions support the concept of responsible parenthood. They differ only in how this is accomplished.

Legal barriers to the sale or dissemination of information about contraceptives have fallen across the country.

While economic considerations were an obstacle to effective fertility planning until recently, they no longer are so important. Drugs and devices are available today at a cost most people can afford. For those too poor to afford such material, it is increasingly being made available at no cost. In effect, economic barriers are substantially removed.

As we move ahead into a program of population control, it will be necessary to have the joint support of many areas of the public and private sectors—physicians, nurses, sociologists, social workers, public health and public welfare personnel, educators, economists and the clergy.

However such a program evolves, Government participation must recognize that the rights and desires of the individual must remain paramount.

Clearly recognizing the urgency of the task before this nation in the area of population planning, the American Medical Association urges that your Committee and the Congress give favorable consideration to S. 2108 so that needed programs can be instituted.

We are grateful for this opportunity to present our views on this important piece of legislation and request that our comments be made a part of the record of your hearings.

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#### STATEMENT OF THE NATIONAL EDUCATION ASSOCIATION

The National Education Association appreciates this opportunity to express its support for H.R. 11550, the Population and Family Planning Act as passed by the Senate. As the only overall professional association for teachers in the United States, we think it is most important that our membership and its officers continue to support those measures designed to help solve social problems which have strong implications for education. Unwanted children can cause definite social problems.

The NEA is the oldest educational organization in the U.S. It traces its roots back to the 1857 call to teachers that resulted in formation of the National Teachers Association. Since that time we have grown from an enrollment of only a few hundred members to an organization serving more than two million persons. Our regular membership includes classroom teachers, school administrators, college professors and administrators, and specialists in schools, colleges, and educational agencies, both public and private. All these members have demonstrated that they are determined to take an active part in constructive change.

We, as an Association, represent a "new breed" of educator—more knowledgeable, more competent, and better trained than at any time in the past. This educator is also more concerned with and involved in the world around him

and more willing to speak out on issues vital to education and to the national welfare.

We can think of nothing more vital to education and to the national welfare than preservation of a healthy environment and the American family. We can think of nothing more vital to a student's development than a decent and stimulating home atmosphere. We realize that oftentimes the unwanted child has very little access to either a healthy environment or a stimulating home atmosphere. It shows in his educational development, and this greatly saddens the professional educator, for each educator measures his success by the progress of his students toward realization of their potential as worthy and effective citizens. Every professional hopes to inspire each of his students to reach the full limits of his educational ability. That has proven impossible when families are too large.

Education has always been a family activity, as far as we are concerned. The various members of NEA through the years have found that an understanding of the family and of the community where a child lives contributes greatly to the effectiveness of educators. The interested parent has always assisted the teacher a great deal; his efforts coordinated with that of the educator have helped the child develop to the fullest extent. The impact of organizations such as the PTA on a child and his intellectual progress reflects the importance of this three-way working relationship.

Yet when a parent does not have sufficient time or resources to be concerned about his children, just the opposite can take place. Teachers know that a disinterested parent, a chaotic home life or simply ignorance about schools and schoolwork are big factors in the failure rate of children. This has been the premise upon which many Federal programs in recent years have been based. Head Start, for example, stresses the importance of involving parents in the instruction of their pre-school children. The people running these programs have insisted that a parent must show interest in the reading assignments of a child if he is to learn and to retain what he has learned. He must, in effect, help the teacher by reinforcing the classroom experience. Follow-Through also stresses the continuation of bringing parent and teacher together in a cooperative effort on behalf of the children. Title I of the Elementary and Secondary Education Act of 1965 has found that in order for a compensatory education project to be successful, a child must have the backing of his family.

In addition to the practical work-a-day experience of our membership and of those persons involved in Federally supported educational programs of recent years, research efforts have also pointed out that family is very important in a child's development. Also, research tends to indicate that generally when family interest is absent there is a negative effect on a child—particularly in the development of verbal skills.

Both the National Institute of Child Health and Development (NIH) and the U.S. Office of Education have on record studies indicating that a child's I.Q. and other measures of intellectual growth are affected from infancy by the kind of attention he receives from a parent. Studies have documented the fact that the average middle-class child, as he develops from infancy, has mobiles and bright toys hung on his crib which help develop early focusing of his eyes and recognition of colors. He is fed a nutritious diet. He is sung to and talked to by a usually well-educated and interested mother who understands the importance of her words and voice in the development of the child's verbal skills. Such attention is time-consuming; it requires great effort. Income is not the main determinant in classifying which families will work with their child's intellectual development in this matter.

In a recent study by Harold L. Sheppard for the W. E. Upjohn Institute for Employment Research, the following statements were made:

"Family size is important vis a vis education not only because of the economic factors involved (for example, dropping out of school for a job in order to supplement family income). It appears that it may even have a direct effect on the environmental aspect of mental development" (John Nisbet *Education Economy and Society*).

One researcher has concluded that the "mere fact of belonging to a large family implies restricted contact with adults and fewer opportunities of acquiring adult habits of speech and thought, a disadvantage which enters into the intelligence test performance of children from large families.

Dr. John Clausen, in a recent summary of research on "*Family Structure, Socialization, and Personality*," has written that:

"A large number of studies have indicated that children from small families tend to make higher scores on intelligence tests than children from large families, even when social class is held constant. Most impressive is the evidence provided by a longitudinal study of a stratified sample of all children born in Britain in one week in March 1946. Data on intelligence and school performance at ages 8 and 11 were secured for more than 97 percent of the designated children remaining alive in England or Wales—a population of more than 4,000. Intelligence test scores at both ages 8 and 11 showed a decline with increasing family size, a decline that was most marked in families of manual workers. The poor performance of children from larger families was as pronounced by age 8 as by 11. Although less great at the higher status levels, the difference in favor of children from smaller families were found even among children of professionals." Dr. Clausen further states:

"Since superior intelligence, higher educational attainment, and high motivation to achieve are all ingredients of occupational success, one might expect that children from small families would more often achieve a high degree of occupational success than those from large families. This is, indeed, the case; children from small families are more likely to rise above their father's status than are those from large families."

Although NEA is certainly not opposed to large families in situations where the parents can afford the care of children, we feel that measures must be taken to limit the numbers of understimulated and underachieving children entering schools. Given the important research findings and given the degree to which high birth rates impose a strain upon resources such as school space and staffs, health services, housing and welfare programs, the NEA regards good family planning services as a high priority program for any community. We also think that such services must be backed up by continued research to develop more effective family planning means than we have at present. For these reasons we urge your favorable report of H.R. 11550 and commend your efforts to establish the need for such a family planning program.

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#### STATEMENT OF NATIONAL ASSOCIATION OF COUNTIES

Mr. Chairman, the National Association of Counties is well aware of the vast need for subsidized family planning programs. The desire of county governments to participate in the provision of family planning services is very much in evidence in our American County Platform. In fact, I could probably wager safely that NACO was among the first major national organizations to fully endorse and support H.R. 11550, the Family Planning and Population Act, the concern of the Subcommittee on Health. Our resolution on this important topic was adopted in July of 1969. At this time, I would like to ask permission that Section 5-20 of the American County Platform stating NACO's recommendations on family planning be entered as part of the hearing record: "The National Association of Counties urges the adoption of county planned-family programs in harmony with the religious beliefs of the clients or recipients."

We would now suggest amendment of Section 5-20, Family Planning, by adding the National Association of Counties urges that, in the absence of substantial reasons to the contrary, all project and planning grants for family planning services be made to public agencies composed of officials appointed by and responsible to the elected officials of the local governments participating in such family planning programs.

The National Association of Counties further calls for federal legislation consolidating national family planning services in new National Center for Population and Family Planning (1) requiring HEW to develop 5-year plan of family planning goals, and (2) authorizing \$80 million for family planning programs retroactive to July 1, 1970.

The need for organized family planning services has been amply documented. President Nixon himself recognized the fact that over 5 million women need and want, but cannot afford family planning services. The President established as a national goal that adequate family planning service resources be developed to meet the needs of these women.

A recent report of OEO, particularly pertinent to county government, "Need for Subsidized Family Planning Services: United States, Each State and

County, 1968" documents what is a disturbing disparity between states national goals and the present capacity for providing needed services.

According to the Report, only 1,200 of the 3,072 U.S. counties have reported that any subsidized family planning services are available. Moreover, the level of programs reported by most of these 1200 counties were minimal. For example, half of the 1200 counties reported serving less than 100 patients during the year. Five out of six of the 1200 counties served less than 500 patients a year. Only 130 counties were reported as serving 1000 or more patients in one year and most of the boundaries of these counties coincided with large metropolitan areas.

It is disheartening when one digests the data of this report, to realize that in 63 percent of the counties in this country, no subsidized family planning services at all are reported to be available.

Nearly half of the nation's unmet need for family planning services is in the non-metropolitan counties and rural areas. Nine out of ten of the U.S. counties fall into the non-metropolitan and rural category. As the report points out, however, many of these non-metropolitan counties are not as rural as the non-metropolitan designation may imply, and include smaller cities of less than 50,000 people. Sadly enough, 95.2% of the women in need of subsidized family planning services remain unserved, in 90 percent of this nation's counties. Nevertheless, the Report is encouraging in its conclusion that the family planning goals set by the President's Committee on Population and Family Planning, and reiterated in President Nixon's Population message are realizable provided there is a commitment of sufficient initial resources to establish the required programs.

Because of the fact that in at least a small number of counties, present programs are actually reaching more than four out of five of the women in need of subsidized family planning services, it would be—as the Report states—entirely feasible to expect similar results elsewhere, if a national commitment were forthcoming.

To get back to where we began—the counties' very real concern for this problem—we don't have to demonstrate the present fiscal inability of local governments to finance family planning programs to a significant degree. The Heinemann Commission on Income Maintenance recently reported that the Federal government does have the financial capacity, and could reach its goal of providing family planning services to 5 million women in need, at the relatively low annual cost of \$150 million.

Senator Tydings spoke to this point at NACO's National Welfare Conference. He said, "It costs \$20 to \$25 a year through the creation of birth control clinics to provide a poor mother with the opportunity to prevent an unwanted birth. However once that child is born, it costs \$500 a year in tax dollars to finance his education, and hundreds of dollars more in welfare, housing and health expenditures.

"The relatively small national investment needed to establish effective family planning programs would not only enable more poor families to escape the poverty that oppresses them, it would also serve to cut our tax bill considerably in years to come."

But even if the cost-benefit ratio were not as favorable, it is obvious as the Heinemann Commission concluded in its comments on family planning, "incalculable human costs would be overriding. The human cost to individuals, to families, and to society of unwanted children growing into adulthood in poverty without hope or opportunities is enormous and the remedy is inexpensive. There is no reason to deny to them what is so easily purchased—the ability to plan family size."

The counties would very much like to see H.R. 11550 become law for several basic reasons:

(1) More funds and technical assistance would be made available for developing resources and providing services, to county governments as well as to other sponsors.

(2) The bureaucratic maze, at least in this health program area, would be greatly improved and expedited.

(3) Significant opportunities for employment would be developed for low income individuals, which of course is a major concern to counties in developing productive and meaningful projects to combat poverty.

(4) Passage of H.R. 11550 would be a good indication that the government is willing to make the national commitment of resources that the President's Committees on Population and on Income Maintenance thought were desirable and necessary.

STATEMENT OF ALLAN W. OSTAR, AMERICAN ASSOCIATION OF STATE  
COLLEGES AND UNIVERSITIES

The American Association of State Colleges and Universities welcomes this opportunity to submit its views on the population and family planning act as passed by the Senate which provides for family planning training, research, and services. The American Association of State Colleges and Universities represents more than 270 public institutions, enrolling over 30 percent of the Nation's undergraduates. We prepare more than 45 percent of the Nation's public school teachers. We represent the fastest growing segment of American higher education. And we expect, in the next few years, a continued enrollment growth 60 percent greater than the increase in enrollment at other institutions of higher education.

Thus, the American Association of State Colleges and Universities represents a principal resource for education, training, and applied research in the United States. We are particularly concerned with the application of research to social and health problems in the nation. In fact, we have several standing committees which are designed to work with the development of new curriculum and training programs to deal with such problem areas. We think this is one of the unique services that can be supplied to communities across the country through the faculties and student bodies of our member institutions.

It is through this concern with health and social problems that the American Association of State Colleges and Universities has become interested in the problems of over-population and environmental pollution that we now face not only in this country, but in every nation on the face of this earth.

In this country, figures on population and pollution are astounding. It took this country until 1915, more than 125 years, to reach the 100 million mark in population; we reached the 200 million population level about 1968; it took a little more than 50 years. It is estimated that at our present growth level we will have more than 300 million people living in the United States by the year 2000; that is another 100 million persons added to our population in only 30 years.

And the pollution factors associated with our population growth are even more alarming. Each year it is estimated that the American children born in that year will use up 200 million pounds of steel, 9.1 billion gallons of gasoline, and 25 billion pounds of beef during their lifetimes. That adds up to an annual garbage count of 172 million tons of smoke and fumes, seven million junked cars, 48 billion empty cans, and 28 billion empty bottles.

In the entire world, population problems are even more acute. It took until 1850 for the world population to reach one billion. Last year, the population mark reached 3.5 billion. That figure is expected to double by the year 2000; that is another 3.5 billion people in just 30 years. The estimation of the environmental pollution that would be generated by such population growth gives credence to the theories of a doomed earth, if growth and pollution are not stopped. Such estimates have also led to the current interest of students, citizen groups, and legislators in increased governmental efforts in the area of pollution control and decreased population growth through family planning.

The American Association of State Colleges and Universities also has become increasingly interested in population and pollution problems. We have become aware of the need for better family planning services. We know that increased research for the improvement of family planning services is necessary. We realize the needs for new and improved curriculum and training courses if community and professional health workers are to be adequately prepared for this job.

And we realize the magnitude of the training job that must be done if a sufficient number of persons are to be trained for quality family planning services. It has been estimated by the Center for Family Planning Program Development that, in order to serve an additional 1 million families next year with family planning services, the following new personnel would have to be trained: 700 nurses, 350 family planning clinic supervisors, and 5,600 community aides. If the total number of families in the United States that are currently in need of subsidized family planning services were to be served, the needs for training would be even greater. Based on a figure of 4 million families, the following personnel would have to be trained: 1,700 nurses, 900 clinic supervisors, and 13,500 aides. If such needs for family planning training programs—and for the necessary applied research which must be done if such training programs

are to be adequate and well-conceived—are to be met, legislation must be passed to increase government support. Thus, support must be increased through passage of legislation, such as the population and family planning act, as passed by the Senate, to support family planning research and training, as well as services.

This bill authorizes a first year investment of nearly \$40 million to be used for research and training in the field of family planning. It also authorizes an additional \$30 million for family planning project development, which would include training on-the-job for aides and semi-professional health workers. We think that its passage is imperative as part of a concerted governmental effort to meet our population and environmental problems head-on.

We would also encourage increased support of family planning services and training through international programs. The American Association of State Colleges and Universities has been working for the establishment of study centers abroad. Our association has passed two resolutions pointing to the need for increased international educational efforts by American institutions of higher education. We have urged the passage of legislation authorizing the use of P.L. 480 funds for broad educational purposes as well as the funding of the International Education Act.

The family planning and population act supports such activities; it specifically points to the need for training researchers and nonprofessionals to work in international family planning programs. We, therefore, urge the passage of the population and family planning act, as passed by the Senate, to support needed and vital family planning programs on the international level as well as the domestic level. Until such legislation is passed and begins to support actual programs, we cannot begin to make headway against the chief social and health problems of our time; over-population and environmental pollution.

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STATEMENT BY MRS. RICHARD M. LANSBROUGH, PRESIDENT, DAY CARE AND CHILD DEVELOPMENT COUNCIL OF AMERICA, INC.

Mr. Chairman, I would like to say how pleased the Day Care and Child Development Council of America is to have the opportunity to express its strong support for H.R. 11550 and for S. 2108, The Family Planning Act, which recently received unanimous support upon passage in the Senate.

The Day Care and Child Development Council's primary concern is with the health and welfare of all children. It is our concern that children have a chance to mature in a secure environment which will nurture and stimulate their intellectual potential and emotional and social development to the utmost. A major objective is to encourage the establishment of high quality child development centers so that in time they are freely available for children of parents who need them. But we must still and will always have to deal with the child in his home or substitute home environment and the quality of the home environment is a critical factor in the growth of children. It cannot be denied that family size has been a contributing factor to the condition of poverty in which many families find themselves. The number of children in a family is also one of the factors affecting educational achievement of the child at every socio-economic level. An analysis done at the University of Michigan in 1962 showed a high school completion rate for 45 million adult men of 73 per cent for those with no siblings, 60 percent for those with one to three siblings, and 39 percent for those with four or more.

The Census Bureau reports that 38 percent of all poor families have four or more children as compared to 17 percent of all non-poor families. Nevertheless, surveys indicate that low-income families would prefer to have fewer children on an average than the rest of the population.

The Natality Statistics Division of the Public Health Service has published statistics indicating that in 1963, 451,000 children were born to urban and rural poor and near-poor mothers who would have avoided these births had they had adequate information and possessed the means.

How unplanned births affect the family environment is rather dramatically expressed by the National Advisory Commission on Rural Poverty in describing the situation of poor rural families as constituting a vicious circle of poverty and fertility at work where the "expense of raising unwanted children on

**inadequate incomes drives them deeper into poverty. The results are families without hope and children without future."**

The inability to limit family size or determine the spacing of children can have severe effects on the stability of the family unit whether the family is poor, near poor or middle class. The birth of a child too early in a mother's child-bearing age can limit or, as in many cases, eliminate the mother's opportunity for self improvement or a fulfilling career, or the ability to obtain needed additional income for the family. The birth of a child at the wrong time often means added economic burdens to the family which are particularly serious if the family is at all dependent on the mother's earnings or the mother's health has been affected. Added burdens often produce serious psychological problems for the parents and can seriously affect the manner in which parents deal with each other and with their children, as well as the time they can allot toward each child. In extreme cases, unwanted children may be physically abused by a parent or abandoned. The genesis of many of the emotional and behavioral problems of children, adolescents, and adults, as well, has been found in the rejection, neglect and resentment syndromes affecting the unwanted child.

Certainly the more children, the more expenses and burdens, the less time a mother under any circumstances can devote to the needs of her children, particularly their individual psychological needs. Since the mother is the focal point for youngsters in the home, her physical health and mental attitude toward herself and her children is directly related to the quality of the environment she establishes for her family.

How important and relevant is the home environment to a child as he grows up? Psychologists, sociologists and psychiatrists are now coming to grips with this very difficult question.

One theory, advanced by Dr. Benjamin S. Bloom of the University of Chicago, emphasizes that the child's environment has its maximum impact on developing characteristics during the period in which such characteristics develop most rapidly. Many of these characteristics, such as intellectual potential, appear to grow most before the child is introduced to any formal education, i.e., age four.

Since it is arguable that the child's early home environment could have an almost conclusive effect on the child's future, his success in school, his emotional growth, and his career, we must—among other things—focus on ways to help parents to provide the most positive environment for their children. One such project is that of Merle Karnes of the University of Illinois. Karnes trained the mothers of fifteen disadvantaged three-year olds to make inexpensive educational materials for use at home, and used the mothers as assistants in an experimental nursery school. "Within less than three months after they began, their own children who had stayed home suddenly gained 7.5 points of I.Q. . . . When the mothers in Karnes' group realized how much time and effort are required to do a good job of raising pre-school youngsters, they headed en masse for the local chapter of the Planned Parenthood Association—they felt they could never teach their children enough if they had babies every year, as before."

In conclusion, it is the Council's hope that the Tydings-Scheuer-Bush-Carter bills be enacted into law with all due speed so that this vital public health service can be made available to the estimated five million low-income women who desire and need family planning assistance. In our experience, the mothers who are using day care facilities or are in need of them are women who want to work, who are determined to move their families out of poverty and who recognize that planning their families will enhance their own opportunities and that of their children for education and employment, and in general for a better life. President Nixon has established as a national goal "the provision of adequate family planning services within the next five years to all those who want them but cannot afford them." H.R. 11550 and S. 2108 provide a realistic method for reaching that goal.

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#### STATEMENT OF CHESTER C. SHORE, AMERICAN VETERANS COMMITTEE (AVC)

The American Veterans Committee is an organization of veterans of World Wars I and II and the Korean Conflicts.

As an organization whose motto is "Citizens First, Veterans Second," we have taken a deep interest in social and welfare issues affecting our country. In our platform we support the active intervention of government to provide for the general welfare and health of our people.

We wish to submit our strong support for the family planning plan, as passed by the Senate.

The necessity and wisdom of this legislation was presented in the speech of Senator Tydings when he introduced the bill on the floor of the Senate May 8, 1969. We agree with him that voluntary family planning services should be made readily available to all persons desiring such services. As Senator Tydings has pointed out, only 700,000 of the 5 million women who want family planning help actually receive such assistance through public and private sources. We believe that voluntary family planning is a basic human right and the government has the obligation to provide this service. In that way the quality of life of our citizens and the economic, educational and health prospects of parents and their children can be enhanced.

We hope the Committee will report this legislation out favorably.

STATEMENT OF REV. LEO A. KEIL, COUNCIL FOR CHRISTIAN SOCIAL ACTION,  
UNITED CHURCH OF CHRIST

I am Dr. Leo A. Keil, Director of Program for the Ohio Conference of the United Church of Christ. My office is at 41 Crosswell Road, Columbus, Ohio 43214. The Ohio Conference is one of 40 Conferences in the United Church. One of my responsibilities for the Ohio Conference is to be the staff person related to Health and Welfare Issues.

I am presenting this statement today on behalf of the Council for Christian Social Action of the United Church of Christ. The United Church was formed in 1957 by the merger of two of America's oldest denominations, the Congregational Christian Churches and the Evangelical & Reformed Church. It has 7,000 local churches with slightly over two million members. The Council for Christian Social Action is an official agency within that church with the responsibility of working to make the implications of the Gospel effective in society. Its 27 members are elected by the Church's instrumentalities.

For four months in 1969, I was on a Sabbatical studying the population problem in our country and the world. The study has taken me to New York, India, England, Switzerland, South America, Trinidad, Puerto Rico, Haiti and Jamaica. I have attended the Demographers Conference in London, interviewed leaders in many offices and visited in out-of-the-way places.

In every developing country, as well as in our own, the leaders are fearful of the effect of the rapidly growing population on environmental conditions, housing, transportation, economics, food supply and of the unknowable psychological effects upon the existing population of overcrowding our living space. There is little doubt that the increase of the crime rate in many countries in the world is related to increased population, especially in the urban areas.

The population crisis and need for family planning are not new to our church or to other religious bodies. Eleven years ago, in December 1958, an entire issue of our official magazine, SOCIAL ACTION, was devoted to this problem. It quoted statements favoring family planning adopted by the Congregational Christian Churches in 1931, the Protestant Episcopal Church in 1946, the Evangelical and Reformed Church in 1947, the Augustana Evangelical Lutheran Church in 1954, and the United Lutheran Church in 1956, the Methodist Church in 1956 and the Lambeth Conference of the Church of England in 1958. The major article by Richard M. Fagley dealt at length with the extent and ramifications of the population problem and noted that those who take it seriously "regard effective family planning as indispensable." The next article by Park J. White, M.D., discussed methods of contraception.

In 1960 the Council for Christian Social Action adopted a policy statement which declared, *inter alia*:

"Responsible family planning is today a clear moral duty . . . public law and public institutions should sanction the distribution . . . of reliable information and contraceptive devices. Laws which forbid doctors, social workers and ministers to provide such information and service are infringements of the rights of free citizens . . . Any hospital which receives public funds should permit doctors to provide all services they consider necessary."

In 1967 the Church's General Synod (biennial convention and the top body) adopted a statement in the context of world problems but directed especially to population control. It praised the relevant instrumentalities, called on the local

churches to "take appropriate action," petitioned the Federal Government to "make personnel, technological, and financial resources available whenever they are requested and needed for this purpose" and declared:

"We reaffirm our position that the need for population control has become a most urgent moral imperative in our day . . . Every child has a right to be wanted and loved and to have the opportunities to achieve maximum fulfillment of personhood."

This position was reaffirmed again by the General Synod in 1969.

My study has convinced me that the problems we now have in society will increase as the population grows and new ones will surely emerge. I agree with President Nixon's remarks of July 18, 1969 that involuntary child-bearing often results in poor physical and emotional health for all members of the family, contributing to a distressingly high infant mortality rate, an unacceptable level of malnutrition, disappointing performance in school and driving many families into poverty or keeping them there.

The President reported that "an estimated five million low income women of childbearing age in this country do not now have adequate access to family planning assistance, even though their wishes concerning family size are usually the same as those of parents of higher income groups." He called for the "provision of adequate family planning services within the next five years to all those who want them."

Mr. Chairman, we testified with some impatience before the Senate Subcommittee on Health because the Administration proposals before that Committee seemed low key, vague and inadequate in relation to the urgency of the need. We are happy to report our general satisfaction with the bill which was eventually passed by the Senate and is now before you. Witnesses usually ask for "more money" for their pet projects but we suspect the Senate authorizations are about in line with what can be spent wisely and therefore ask you to accept those amounts, but without any reductions, please.

We supported the proposal for a new agency on family and population planning, noting that the organizational set-up and position in our huge bureaucracy often indicates the support to be given the program. However, we are persuaded by presentations of the H.E.W. witness that reform and forward movement can be obtained more quickly by administrative reorganization in the agency, i.e. establishment of the Office of Population Affairs to be headed by a Deputy Assistant Secretary of the Dept. of H.E.W. who will have line authority over both research and services and be in administrative charge of all H.E.W. responsibilities and also in liaison with other departments. We are willing to see how this arrangement works out and compliment the Senate committee on developing this administrative compromise.

We like the provisions of Sec. 4 of the Senate bill, requiring the new Office to submit to Congress within 6 months a five-year plan for the extension of family planning services to all persons desiring them. The record of the H.E.W. has been fear-ridden and dilatory to date. We have known about this population problem for 40 years. And for 40 years we have kept the remedial program hidden, partly because we were embarrassed by the subject. It's time that we ended our wandering in the wilderness. It's time to face this problem and to admit that it is tremendous in size, hard upon us in time and catastrophic in its potentialities. It is important that Congress follow-up on the Department to be sure that it carries out its promises to act swiftly and effectively.

Although we accept the programs for research, we want to emphasize the importance of supplying materials, advice and service. We all know that sophisticated people have been able to practice birth control for generations. Some of the dissemination of information and materials may have been illegal and undercover. Some of the proposals may have been half-baked and the techniques uncomfortable and sometimes ineffective. But great progress has been made in methods and in the removal of legal obstacles. Now the problem is to get the information and materials out to everyone in our society. It is time to stop being stingy with our know-how. It is time to "pass the ammunition" to those who want it.

We are mindful of the special needs of the poor and near-poor. Because of their circumstances, they are not likely to come across literature on this subject or to receive advice from family physicians. Yet too many children and/or children coming at too frequent intervals create special health hazards and economic problems for them. Maternal diets, medical and hospital care, after-birth attention and then food, clothing and shelter are often insurmountable needs resulting

in infant and/or maternal mortality or ill health and mental retardation. It is significant that 49% of the children in the poverty group are in families with five or more children. To continue this handicap is unfair. Our government is obligated to take special steps to remove the special handicaps these people have; to give them an equal chance.

We testified last January about the pressure for population control arising from our environment problems. The need has become more obvious since then. Although much of our pollution comes from abuse, such as oil spillages and the dumping of refuse, it seems that much of the problem also comes from there being too many of us, living too artificially in order to crowd too many people together in limited space. The manufacture of vast amounts of artificial products creates vast amounts of waste, for which there is no room. We must recognize also that more people cause more human and household waste. So it boomerangs upon us.

Even if we find space for waste, we have already run out of space for living. People try to leave the city, and then the metropolitan areas, for the quiet, relaxation and fresh air and water in the country. But these retreats are about gone—overrun by too many people.

With rivers so full of waste that they catch on fire, lakes so full of poison from fields and factories that their fish endanger those who eat them, the air so full of pollution that lungs, eyes and even materials are damaged, we are reminded of Isaiah's prophecy: "The earth mourns and withers; the heavens languish together with the earth. The earth lies polluted under its inhabitants." Part of the remedy is to limit the number of those inhabitants to the capacity of the earth for safe and pleasant living.

I should like to close, Mr. Chairman, by attaching a statement adopted only last Dec. 8, 1969 by the Health and Welfare Commission of the Ohio Conference of the United Church of Christ. It is as follows:

#### A STATEMENT ON POPULATION BY THE HEALTH AND WELFARE COMMISSION OF THE OHIO CONFERENCE

The growth rate of the world's population is basic to all other social concerns for the future.

From the beginning of man's existence on this planet, the growth rate time for doubling the number of people has ascended at an accelerating rate. Now in 30 years, the population will double. The U.S. will have 100 million more people. Even today 40% of the world's population is under 15 years of age. Millions of people are hungry, malnourished, suffer from malnutrition, and even though they may not die, they suffer and each is less of a person than he could be.

The Church by its own theology is committed to providing the best possible life for all people. When the quality of life for many of those now living is far too low, the question must be asked, what will it be when twice our number inhabit our earth.

If the control of the size of the family and a reasonable limit on people in our world is to remain voluntary, then birth control must be effective, through proper motivation, better and cheaper contraceptive methods and increased information and education for all people. The Church must work to this end for the sake of survival of the civilization man has developed and for the dignity and sanctity of man to be retained.

We the Commission urge our Church members, community leaders and elected political officials to begin now to draft plans and provide funds for the research, training and communication for a Population Control program that will help to insure a high quality of individual life for future generations.

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#### STATEMENT OF GEORGE CRAWFORD, REPRESENTING THE DEPARTMENT OF POPULATION PROBLEMS, BOARD OF CHRISTIAN SOCIAL CONCERNS, THE UNITED METHODIST CHURCH

Mr. Chairman: My name is George Crawford and I am a professor of physics at Southern Methodist University of Dallas, Texas. However, I am testifying as chairman of the Department of Population Problems of the Board of Christian Social Concerns of the United Methodist Church in support of the population and family planning act as passed by the Senate.

The United Methodist Church is becoming increasingly aware of the awesome dimensions of the worldwide population crisis facing mankind. In April of this

year, the General Conference of the United Methodist Church, which is the legislative body of our eleven-million-member church, passed a resolution on the population crisis, the full text of which I am submitting for the committee records. This resolution calls upon the church to recognize rapid population growth as a matter of great religious and moral concern.

In pursuance of the goals set forth in this resolution, our church has made the population explosion and hunger, one of its priority issues which we will study and on which we will then act to help achieve solutions.

I would like to point out that the National Council of Churches, representing over 42 million Protestant Americans, also passed a resolution on this subject at its General Assembly in December 1969. This called upon "the churches, individuals and governments to recognize the seriousness of the threat posed to humanity by further population expansion" and went on to urge the Administration and Congress to establish a major agency on population with sufficient authority and money to lead the effort to halt population growth. A copy of this resolution is also submitted for the record.

Mr. Chairman, these statements by my own church and by the National Council of Churches are part of a veritable explosion of statements and articles and studies dealing with the population explosion which have appeared in the past year or so. President Johnson, President Nixon and U.N. Secretary U Thant are among the distinguished voices which have spoken out on the urgency of the situation. Leading scientists tell us that famine and want face man unless he acts quickly.

One of the most recent and prestigious studies in this area, by the Committee on Resources and Man of the National Academy of Sciences-National Research Council, declares that to delay progress toward full self-regulation of population size is to play "Russian roulette" with the future of man.

I believe that most informed people would accept these various statements as true. Yet if it is true that man is facing one of the deadliest challenges he has ever had to cope with, how pitifully small are the steps we have taken so far to meet the threat!

I believe the period of purple rhetoric and the wringing of hands are gone on long enough. We must begin now to take meaningful action.

In the resolution on this subject passed by the General Assembly of the United Methodist Church, we called on the church to "lay a moral responsibility upon the leaders of government and society to undertake a maximum and sustained effort to meet the population crisis, employing whatever funds and personnel and creating whatever agencies are necessary for that purpose."

So we call upon the House to pass the population and family planning act as adopted by the Senate as a first step in making that "maximum and sustained effort." Let me touch briefly on some of the reasons we favor this action:

First of all is the need for coordination, for unity, for a sharp focus. At present, programs dealing with population matters are scattered through many parts of HEW. Several offices deal with family planning services, research is in another part of the Department, education in still another place. There should be a single agency with the responsibility and the authority to pull all the strands together into an effective whole, one able to evaluate and assert the priority needs of an effective population program.

A large majority of Americans believe that population growth is a problem for the rest of the world, seeing it largely in terms of hunger and as an obstacle to development. A smaller but growing number understands that it is an immediate problem for our own country in terms of pollution and waste disposal, depletion of resources, urban density, loss of personal freedom.

It is far more difficult for the individual—who may perceive these problems in a theoretical way—to see how they apply to his own life and his private decisions, particularly his own decision as to how many children to have, and when.

Our church has called for couples to recognize that families with more than two children contribute to the population explosion. We hope to carry on education along these lines through our church programs. But certainly people are not apt to take this as a real necessity when the government is making only feeble and scattered efforts to cope with population growth. The question must be, even if unconscious, "If this problem is so threatening, why is the government doing so little about it?"

A national center for population and family planning could have tremendous educational impact because of its status and visibility.

Of vital importance also is the much-needed emphasis on research, both physiological and behavioral, possible under this legislation. A recent study by Dr. Charles F. Westoff and Dr. Larry Bumpass concluded that between 35 and 45 percent of the natural increase in population in the U.S. from 1960 to 1968 could be attributed to unwanted fertility. A large number of the estimated yearly average of 370,000 to 445,000 unwanted births (1960-65) among the poor and near-poor were surely a result of lack of access to family-planning assistance and services.

A county-by-county survey made by Planned Parenthood last year revealed a shocking lack of family planning facilities available to poor women. Several surveys have shown that poor women do not have more children because they want more; often, in fact, it is the size of their families which keeps them mired in poverty. Such human tragedies of unwanted children and overburdened families are disgraceful in our society. Even among the middle and upper classes, the Westoff-Bumpass studies revealed 175,000 unwanted births a year, due in part to contraceptive failures. The impact of better conception control on the rate of population increase here at home, then, could be dramatic.

We have been told by Robert McNamara and others that population growth is the greatest single obstacle to development. We believe that our assistance to family-planning programs through AID is highly important. It could be, however, that development of a simple, safe, inexpensive, effective and widely acceptable contraceptive would be the greatest contribution we could make to the underdeveloped nations.

Dr. Malcolm Potts of the International Planned Parenthood Federation recently commented that there was no scientific or biological reason why such a contraceptive had not already been developed. Again, it is simply that we have chosen to put our money and our efforts elsewhere. In 1971, HEW may spend 36.4 million dollars for population research. For just one example, compare that with the probable expenditure of at least 290 million dollars for development of the supersonic transport. The latter may be a convenience and a boon to the economy, but can anyone argue that it has anything to do with the survival of mankind?

How little we know about this whole area of effort is illustrated by the fact that, during the 16 years of India's family-planning program, the population growth rate has actually increased from 1.3 percent to 2.6 percent. Throughout history, man has generally considered the birth of a child a happy event. It will require perhaps an unparalleled shift in the thinking of people to move toward the view of a world where population growth must be carefully controlled. What will make this shift in thinking and attitude come about? We do not know. Nor do we know the answer to many other similar knotty questions. We desperately need more research to guide us.

Lastly, I would like to point out the importance of the five-year plan the Secretary is directed to make and submit under this legislation, covering extension of services, research and training. We need to act now in an orderly manner. In spite of the lack of final answers. The girls of the "baby boom" which followed World War II are now beginning to have their families. No matter what immediate steps we take, our population is going to grow because of this greatly increased number of women in their fertile years. And even if we reach a family size of just replacement level, our population would grow for perhaps 70 years longer before stabilizing.

Every month of delay toward a population program, then, can mean further delay in reaching population stabilization. Without stabilization as a goal and without a conscious program to achieve it, there is no assurance that we will not have another baby boom and an accelerated rate of growth. We must remember that not only does population grow exponentially; so do many of the problems which come in its train.

There is still widespread complacency, based on our great faith that science and technology can solve all our problems. If we speak of exhaustion of resources, there are many who say, "Oh, science will find a substitute when we need one." If we speak of hunger, they say, "Science can find a way to raise more food, or make it out of algae or oil or something." If we speak of the dangers of overcrowding, they say, "Man will find a way to go to Mars or the stars to live."

I am a scientist, and I have grown up and taught in an atmosphere of this belief that science and technology are infallible and can do anything. There is indeed much more we can do in growing more food and distributing it more equitably, in stretching resources, in battling pollution. At some inevitable point, however, science and technology will reach their limits of these palliative steps,

and we will have to face the utterly basic problem: a finite earth cannot support infinite numbers of people.

To quote once more from the National Academy of Sciences-National Research Council Study on "Resources and Man":

A prime conclusion of ecology is that species whose populations exceed or approach too closely the carrying capacity of resources in the space occupied undergo reduction. Such reductions are often severe and may lead to extinction because of disease, pestilence, predation or aggressive competitors. Although it is true that man has repeatedly succeeded in increasing both the space he occupies and its carrying capacity, and that he will continue to do so, it is also clear that both the occupable space and its carrying capacity have finite limits which he can approach only at great peril.

Since resources are finite, then, as population increases, the ratio of resources to man must eventually fall to an unacceptable level. This is the crux of the Malthusian dilemma, often evaded but never invalidated.

We call on this Committee to help us all to face up to this dilemma. Up to now, we have been like children, building sandcastles to withstand the ripples on the beach, oblivious of an enormous tidal wave sweeping down to engulf us.

We must put our best minds and talents to work in a myriad of ways and give them the tools they need if we are to have hope of staving off disaster. The measure being considered by this Committee gives us a point of departure.

May I conclude with the words the United Methodist Church used to end its resolution on the population crisis: "Let us, therefore, act now, that children may not be born to suffer and to experience despair, but rather may be the blessed fruit of love and the hope of a good tomorrow."

#### POPULATION CRISIS RESOLUTION

(Adopted by the General Conference of the United Methodist Church at St. Louis, Mo., April 25, 1970)

The population explosion brought on by medical and technological advances in the prolonging of life poses for man an unprecedented threat. The strong possibility of mass starvation looms ahead in some nations, with its concomitant of social upheaval. The rapid depletion of natural resources faces many countries.

The quality of our lives is increasingly threatened as runaway population growth places staggering burdens upon societies unable to solve even their present growth problems.

The population explosion threatens rich and poor nations alike. Poor nations find themselves on a treadmill of misery as their population growth offsets to a considerable extent their economic growth. Several affluent nations, like the U.S., though growing more slowly, will still double their population every sixty to eighty years, if present growth rates continue.

A full-scale effort must be made to stem the flood. Therefore, we urge the following action:

##### A. By the church:

1. That the church recognize rapid population growth to be a matter of great religious and moral concern, producing a pressure of numbers that makes the problems of human society almost unmanageable, and threatening to alter the environment that sustains all life.

2. That the church devise education programs that will alert its constituencies and the general public to the fact and the nature of the population problem and the dangers it holds for man if left unmet.

3. That the church provide action programs that will help produce the changes in public policies and attitudes necessary for society to embark on new, creative, and vigorous efforts to stop the population explosion.

4. That the various denominations and the National Council of Churches and the World Council of Churches provide assistance and leadership to their constituencies in helping meet the population crisis.

5. That the church lay a moral responsibility upon the leaders of government and society to undertake a maximum and sustained effort to meet the population crisis, employing whatever funds and personnel and creating whatever agencies are necessary for that purpose. Special appeals should be made to charitable foundations to assume responsibility for programs devoted to this issue.

6. That the church underscore the moral necessity of adopting the small family norm as an essential principle for stabilizing the size of the population, and thus protecting the quality of life.

7. That church-related hospitals take the lead in eliminating those hospital administrative restrictions on voluntary sterilization and abortion which exceed the legal requirements in their respective political jurisdictions, and which frustrate the intent of the law where the law is designed to make the decision for sterilization and abortion largely or solely the responsibility of the person most concerned.

8. That church agencies structure family planning skills and services into the training of missionary personnel, into medical programs and institutions, and into development programs, and that such family planning services be integrated as much as is possible with other family planning programs in host countries.

#### *By the government*

1. That national governments create major agencies to deal solely with the population crisis. The development of atomic energy and the reaching of the moon took place only because major agencies were created solely for those purposes, told to achieve those objectives as soon as humanly possible, and given the money and manpower needed for the task.

Action at least as bold and massive will be required to stem the population crisis, a crisis which presents problems more complex than those of either the atom or of space.

2. That national legislative bodies create special committees on population, said committees to be responsible for assisting them discharge their responsibility seek to meet the population crisis.

That the U.S. Congress create either a Joint Select Committee on Population or that each of the two houses in Congress create its own Select Committee on Population, said committee(s) to be responsible for assisting Congress in meeting the population crisis, and to be financed and staffed adequately for their purpose.

3. That nations offer to share with each other the advances in technology, the experience in effective programming, and the material resources that would be helpful in carrying out family planning and population policies.

That maximum feasible assistance be given to all other nations in meeting their population growth problem, with full support also for international population efforts, such as those of the United Nations and the International Planned Parenthood Federation.

4. That states remove the regulation of abortion from the criminal code, placing it instead under regulations relating to other procedures of standard medical practice. Abortion would be available only upon request of the person most directly concerned.

5. That the remaining legal and administrative restrictions on voluntary sterilization be removed and that the individual after counseling be given the right to decide concerning his or her own sterilization.

#### *C. By the individual:*

1. That he recognize the moral dimensions of the population crisis, which poses such grave consequences for the future of man, and accept as his duty the responsibility for helping end this growing threat to the quality and existence of human life.

2. That, in planning their family, a couple should recognize that families with more than two children contribute to the population explosion.

3. That he encourage his church and government leaders to act with the boldness and vigor needed to meet this population crisis.

#### CONCLUSION

Since the population problem is so acute, imaginative and vigorous action is required on a grand scale. Let us, therefore, act now, that children may not be born to suffer and to experience despair, but rather may be the blessed fruit of love and the hope of a good tomorrow.

DECEMBER 4, 1969.

To: The General Assembly.

From: The Reference and Counsel Committee.

Subject: Proposed resolution on population.

(Based Upon Policy Statement of the General Board "Responsible Parenthood and Human Environment," February 23, 1961 and Reaffirmed by the General Board, September 13, 1968)

On February 21, 1968 the General Board of the NCCC adopted a Resolution on the Time of Famine. This resolution called attention to the growing threat of

world food shortages, stressed the need for family planning programs, and warned that "the geometric progression of applied procreative power" could "lead to such horrors as mass starvation, perpetual warfare and even genocide."

The evidence is now incontrovertible that man's numbers are overwhelming the thin, life-giving film of earth, water and air that enleaves his planet. The unlimited capacity to reproduce is pressing against the limited capacity of the earth to sustain life.

Before the world reaches a point where the quality of life progressively deteriorates, imaginative and vigorous action on a grand scale is needed to avoid this danger and to create a wholesome environment in which personal dignity can come to mark the life of human beings.

We commend the Division of Overseas Ministries for its leadership in planning the conference on awareness.

We, therefore, call upon the churches, individuals and governments to recognize the seriousness of the threat posed to humanity by further population expansion.

We urge the United States Administration and Congress to establish a major agency on population and give it the task of leading the effort to halt population growth. The agency should be given the mandate and the money needed for that task; it should also be instructed and enabled to give whatever assistance other nations desire in their efforts to achieve the same goal.

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STATEMENT OF RODNEY SHAW, REPRESENTING THE DEPARTMENT OF POPULATION PROBLEMS, BOARD OF CHRISTIAN SOCIAL CONCERNS, THE UNITED METHODIST CHURCH

Mr. Chairman, my name is Rodney Shaw, and I offer my testimony as a minister and as a staff member of the Board of Christian Social Concerns of the United Methodist Church. There has been a good deal of testimony on administrative, social, scientific aspects of this family planning and population bill. I should like to make a few remarks on the morality of the measure as it is viewed by one of the largest Protestant Christian denominations.

Our church believes strongly that family planning is in accordance with the will of God. The belief is expressed in various ways in church doctrine and resolutions. May I quote from The Methodist Social Creed, as set forth in the "Discipline of the United Methodist Church, 1968":

We believe that planned parenthood, practiced with respect for human life, fulfills rather than violates the will of God. It is the duty of each married couple prayerfully and responsibly to seek parenthood, avert it, or defer it, in accordance with the best expression of their Christian life. Families in all parts of the world should have available to them necessary information and medical assistance for birth control through public and private programs. This issue must be seen in reference to the pressing problem now before the whole world.

As a means of furthering this basic position, a statement of the 1968 Uniting Conference of the United Methodist Church said:

We call upon churches to counsel married couples, and those approaching marriage, on the principle of responsible parenthood. We urge the church to support public policies which make available contraceptive advice and means to the medically indigent at public expenses.

Our support of the family planning and population act as passed by the Senate is a natural expression of this directive of the church.

In our nation, family planning assistance and services are almost universally available to the middle class. If they desire them. Even so, there are thousands of unwanted births to middle-class women each year because of contraceptive failure. Provision in this act for greatly expanded work on safer, more effective contraceptives will therefore be of service to women of all classes—and even in all lands.

I should particularly like to stress, however, the need for the family planning guidance and services which will be provided under this act to low-income women in rural areas and city slums. Provision of these services will remove what has been a very real and immoral discrimination against women in poverty.

There is a definite correlation in this country between poverty and family size. Mr. Elliott Richardson, Secretary of the Department of Health, Education and

Welfare, has pointed out that 450,000 families with four or more children who are now in the poverty income bracket would not be there if they had only three children to support.

Several surveys have shown that poor women do not have more children because they want them, but because they are unable to prevent their conception. The much-quoted survey of Dr. Charles Westoff and Dr. Larry Bumpass estimated unwanted births among the poor and near-poor to number between 2.2 million and 2.7 million in the years 1960 to 1965.

In a sense, this means we have been enforcing unwanted pregnancies on millions of women by failing to make family planning assistance available to them. And therefore, in a very real sense, we have been enforcing poverty on these same women and their families.

Think of the terrible price in human suffering which has been the result. Pregnancy compelled and poverty enforced by what might be called sins of omission on the part of society seem to be cruelly immoral acts. The measure being considered today would be a great step forward in remedying this situation.

In closing, I would like to comment on a charge sometimes made that governmental programs of family planning are wrong because they are simply a cheap and easy excuse for society to avoid taking more difficult and expensive measures to lift people out of poverty. As Christians and churchmen, we believe deeply that family planning programs must never be allowed to substitute for other programs to meet the needs of the poor.

However, the answer to this charge is not continued failure to make family planning assistance available to the poor. The answer is to ensure that such aid is offered in the context of genuine concern for the mother and the family and of adequate provision for their total welfare.

We believe that programs such as those authorized in this family planning and population act can help to assure that children will be wanted and loved, that mothers will be able to care for the children they have, and that the family will not be overburdened beyond its capacity. These accomplishments can surely be seen as obedient to the injunction to love others even as ourselves—as true affirmations of the will of the Lord of Life.

STATEMENT OF THE JOINT WASHINGTON OFFICE FOR SOCIAL CONCERN, REPRESENTING THE AMERICAN ETHICAL UNION, AMERICAN HUMANIST ASSOCIATION, AND UNITARIAN UNIVERSALIST ASSOCIATION

It is a privilege for the Joint Washington Office for Social Concern to be recorded on the very important measure pending before this subcommittee. The Joint Washington Office represents the social concerns of three humanistic and liberal religious groups—the American Ethical Union, the American Humanist Association, and the Unitarian Universalist Association.

Family planning and population control have long been concerns of our three organizations. Unitarians and Universalists, Ethical Culturists and Humanists, were among the first urging government action in these areas, long before the current wave of popularity and public acceptance which, happily, now attends proposals of this kind. The American Unitarian Association, for example, had by 1930 already taken a strong public position favoring birth control. A resolution was adopted at its annual meeting that year in Boston which said, in part:

"It is becoming increasingly clear that, in the interest of social betterment, racial progress, and a more wholesome family life, parenthood should be undertaken voluntarily and intelligently with due regard for the mother's health and the children's welfare, both physical and moral."

In the past decade all three organizations addressed themselves to the problem. The Unitarian Women's Alliance and the National Women's Conference of the American Ethical Union both passed resolutions of support in 1962, and the Third Congress of the International Humanist and Ethical Union (IHEU), meeting in Oslo, August 1962, adopted a resolution expressing the hope that organizations and persons active in the freedom from hunger campaign will stress the inseparable association of freedom from hunger with population control.

In 1964, the Chicago Area Council of Liberal Churches (Unitarian Universalist) resolved that access to birth control information and medical services is "a civil right." In 1966, the General Assembly of the Unitarian Universalist Association

adopted a resolution on World Hunger and Population Control, similar to that of the IHEU cited above. Copies of some of these resolutions are attached.

The Alliance of Unitarian Women, now Unitarian Universalist Women's Federation, in 1962, called on its members to make investigations in their communities to ascertain if local public health departments or hospitals offer birth control information as a part of regular service. The Alliance, at that time, raised questions on legalized abortions and sterilization which are issues that Congress has not yet dealt with.

The Unitarian Universalists in July 1965 were the first religious denomination to testify in the landmark hearings on the population crisis conducted by former Senator Ernest Gruening in the Senate Subcommittee on Foreign Aid Expenditures. We are grateful for the pioneering work Senator Gruening did in opening up the subject before Congress and we are grateful for the splendid way in which Congressmen Scheuer, Bush and Carter, and others have followed through on his earlier work. It was not so long ago that politicians feared to tread in this area.

We want first of all to take this opportunity to make one point clear. Family planning is not an "anti-people" program; it is not a program designed to limit families of minority groups and black people. It is not practicing genocide to suggest that spacing children and limiting family size is socially desirable at every socio-economic level.

There are fears among some segments of the black community that birth control is a white middle class device to cut down the growth of the black population. Furthermore, as Congressman Shirley Chisholm has perceived it, "one of the underlying fears of Blacks is that some day people will be 'required' to use contraceptives or have an abortion in order to receive public assistance." As a powerful advocate of both abortion and birth control, Mrs. Chisholm clearly makes the point that neither should ever be forced or required, but rather "be available."

The legislation now before your Committee rightfully reinforces Mrs. Chisholm's position by seeking to assure the universal availability of family planning services to all those in need and, by making inviolate the conditions of non-coercion. As Dr. Martin Luther King, Jr. once remarked, family planning will not solve all the problems of the poor man, black or white, but it can facilitate "the solution of the many profound problems that plague him."

The Population and Family Planning Act as it passed the Senate can provide people with a service that will help them to liberate themselves from some of the worst problems of poverty. With that kind of prognosis Congress should waste no time.

President Nixon in his message on population established as a national goal that an estimated five million women in need of subsidized family planning services, have access to such services. Although we support this enlightened goal and think that the legislation before your Committee makes that very goal attainable, we do think that additional emphasis must be placed on the link between over-population and affluence. For as Jean Mayer has pointed out, "the ecology of the earth—its streams, woods, animals—can accommodate itself better to a rising poor population than to a rising rich population." As Dr. Mayer says, "not only does the countryside become more rapidly crowded when its inhabitants are rich, it also becomes rapidly uglier." The more affluent people are the more waste they produce. Dr. Mayer points out that with increasing income people substitute product beverages for drinking water which results in the yearly distribution over our landscape of 48 billion rustproof cans and 26 billion nondegradable bottles. Water shortages which threaten many states are not caused by an increasing population which drinks increasingly more water—but according to Dr. Mayer, by people "getting richer and using more water for airconditioning, swimming pools, and vastly expanded metal and chemical industries."

Our three organizations, joined by the National Women's Conference of the American Ethical Union, and the Unitarian Universalist Women's Federation, strongly endorse the Population and Family Planning Act and urge its passage by the Congress.

**AEU DECLARES RESEARCH FOR AND INFORMATION ON REGULATION OF FAMILY SIZE SHOULD BE ENCOURAGED**

Public Affairs Resolution of the American Ethical Union, adopted in Long Island, 1962;

While the health and well-being of millions of people throughout the world is adversely affected by many factors—inequitable distribution, failure fully to develop resources, etc.—the uncontrolled increase in population is undoubtedly one of the most important elements. In many areas of the world substantial population increase means malnutrition, and outright starvation. In other areas it may mean increased stress in family life, reduction of educational opportunities, and in underdeveloped lands retardation of the industrial development on which the nation's rising standard of living depends.

The healthful effects both physically and emotionally of family planning and spacing of births has been recognized by leaders of the major religious groups, as well as leaders in medicine, welfare and public affairs. Several methods for the regulation of conception are now available. One or another of these may be acceptable as medically appropriate, as economically feasible, and as consistent with the creed and mores of the family concerned.

The American Ethical Union believes therefore that:

(1) Tax supported hospitals and public health facilities should give increased attention to the impact of population change on health.

(2) Scientific research should be expanded and intensified on all aspects of the control of human fertility, and educational techniques should be broadly employed for the better informing of the public.

(3) Programs concerned with population growth and family size should be integral parts of all public health and welfare projects, and should include advice and services solicited by individuals.

(4) Full freedom should be extended, and all information made available for the selection and use of such methods for the regulation of family size as are consistent with the creed and mores of the individual concerned.

#### WORLD POPULATION AND RESOURCES

Statement of Social Policy of the American Humanist Association, 1969:

We express deep concern with the totally inadequate measures taken thus far to limit the growth of human population. This has resulted in a widening gap between conditions of life in economically developed and underdeveloped countries. Efforts aimed solely at increasing world food supply and food distribution systems avoid recognizing that population control must be the first priority of effective demographic planning. Hence we vigorously protest current religious opposition to artificial birth control practices insofar as this opposition may have grave influence upon policies of United Nations or United States agencies concerned with population control measures. We call upon all governments and peoples to renew and increase their support of efforts to limit population utilizing birth control technology and vigorous educational programs, and we favor improved food distribution systems only when coupled with these programs.

#### WORLD HUNGER AND POPULATION CONTROL

Text of General Resolution adopted by the Fifth General Assembly of the Unitarian Universalist Association, held in Hollywood, Florida, May, 1966:

Whereas the population of the world is now increasing at a faster rate than than is food production; and birth control alone will not solve the problem of hunger in the immediate future; and

Whereas the prospects for substantial increases in food production in the areas of greatest need, most notably Asia and Latin America, are not encouraging; and

Whereas in spite of good reserves in food-surplus countries, there will be continuing substantial food shortages: now, therefore, be it

*Resolved*, That the Unitarian Universalist Association urges the governments of the United States and Canada to enact legislation to combat world hunger including:

(1) The increase of the supply of food available for shipment to countries with food shortages by government purchases from current supplies and stockpiles; and

(2) The offer of assistance to such countries to improve their ability to conserve, process and distribute food both home grown and imported; and

(3) Help to strengthen the food producing capacity of such countries by making available the necessary seeds, fertilizers, agricultural techniques and experts; and be it further

*Resolved*, That the Unitarian Universalist Association urges the Canadiana and United States governments to further combat world hunger through expanded programs, both government and private, to provide practical birth control information and devices wherever requested and to support the United Nations in its programs to encourage control of world population growth.

(Adopted by greater than a two-thirds majority vote.)

STATEMENT OF EUGENE V. COAN, PH. D., DIRECTOR OF POLITICAL ACTIVITY, ZERO POPULATION GROWTH, LOS ALTOS, CALIF.

Zero Population Growth, now having well over 20,000 members and 220 chapters in 42 states, expresses its full and unqualified support of this legislation. From our point of view, this bill would alleviate several important unfulfilled needs and establish the beginning of a rational path for the future.

First, we believe that the Cranston Amendment (Section 10) will form the basis of new and much needed Federal leadership in the field of public education on population and family planning. We think that, as time goes by, educational programs will be of great value in establishing in the United States the climate necessary to deal with the many problems caused and worsened by population growth of our country, of other developed countries, and of the underdeveloped world.

Senator Cranston, in describing his amendment, stated the case well when he said:

"We must have a broad and informed national dialog before we will be able to define and choose among long-range policy alternatives by which we as a nation can attain realistic population goals."

We would emphasize that the program which would be established under this Section is but a first step in the educational task which we must assign ourselves.

Secondly, we applaud the organizational changes which this legislation would establish in the Department of Health, Education and Welfare. While we recognize that governmental reorganization is no panacea for better programs, the increased coordination of new and existing programs together with the increased status of these programs within the Department made possible by consolidated responsibility and direct line authority is clearly of advantage.

Finally, we are encouraged by the fact that the funding proposed, a total of nearly \$1 billion over a 5-year period, begins to place population and family planning programs in the context they deserve.

STATEMENT OF JUAN RYAN, PRESIDENT, NATIONAL RIGHT TO LIFE COMMITTEE

My name is Juan Ryan. I am a lawyer in private practice in New Providence, New Jersey, and I am President of the National Right to Life Committee. The National Right to Life Committee was founded three years ago for the purpose of informing the American public in regard to the serious issues related to the question of abortion. We believe that society must protect the right to life of the unborn as well as be concerned for the welfare of the child's mother. We work in cooperation with over fifty Right to Life organizations in nearly forty states.

The National Right to Life Committee wishes to submit testimony regarding the various family planning bills now before this House Subcommittee on Public Health and Welfare, especially S. 2108, H.R. 15159 and similar legislation. We do not propose to directly comment on the question of family planning. However, on studying the cited legislation, we feel constrained to object to several provisions of the various bills. As we will argue, it is quite possible that this legislation may permit government involvement in abortion programs. We are led to this conclusion by two factors: (a) the legislative intent of the bills; and (b) certain provisions of the bills regarding the administration of the family planning programs.

AMBIGUITY OF LEGISLATIVE INTENT

1. *The Need to Specify the Meaning of the Term "Unwanted Births."*—In S. 2108, the first "whereas" reads: "Whereas unwanted births impair the stability

and well-being of the individual family and severely limit the opportunity for each child within the family . . ."

The concept of the "unwanted birth" is an amorphous one. The term begs the question of what the concept implies, whether the unwanted child is an unplanned child, or whether planned or not, the parents or society do not desire to care for the conceived child. To speak of the right of the family to plan its size and rate of growth in the light of its goals and responsibilities would be one thing, but to employ the term "unwanted births" in an unspecified manner reveals a lack of adequate reflection on the intent and scope of this legislation as to the meaning of family planning and the means to attain it.

Congress should take care that the legislation that it formulates encourages concern and protection for those who through no fault of their own are tagged "unwanted." The planning of optimal family size and rate of growth is a desirable goal, but the total elimination of "unwanted babies" is a utopian hope. On the contrary, the best family planning programs should include a positive concern for *unplanned* pregnancies. When the right to family planning is not looked at realistically, *unplanned* children become *unwanted* children.

The advocates of abortion employ the term "unwanted children" in a loose context. In the name of humaneness they claim that the "unwanted child" should be aborted. Under the heading of the right to family planning, they equate the use of preventive contraceptive techniques with the positive destruction of conceived fetal life.

The second half of this "whereas", that "unwanted births" "severely limit the opportunity for each child within the family," is a vague, unqualified, dogmatic assertion. Undesired or unplanned children could and often do increase the opportunity for each child within the family.

By means of the language of the law Congress re-enforces and encourages the mentality that *unplanned* children are *unwanted* children and that *unwanted* children are *necessarily* a burden. Once one accepts this fatalistic mentality, it is an easy step to the advocacy of abortion as a legitimate back-up for contraceptive failures.

2. *The Need for Realistic Optimism Concerning the Benefits to be Derived from Family Planning.*—In the third "whereas" four benefits are cited as possibly being derived from family planning: 1) the alleviation of poverty; 2) the reduction of maternal and infant mortality rates; 3) the reduction of the number of premature births and of crippling and mental diseases in infants; 4) the easing of the pressure of population growth on the environment.

All four of these reasons, in adapted form, are advanced in favor of abortion on demand. I would like to comment on the second, third, and fourth reasons.

The mainspring of the arguments in favor of abortion law reform or repeal is that the health care of the woman, especially as regards maternal mortality rates, is so imperative a concern that any discussion of values is superfluous. Of course, in abortion the fetal mortality rate is 100%. This is the fact the abortion advocates do not wish to discuss. In the abortion controversy the truth about maternal death rates and health care has become lost in an extraordinarily fuzzy reporting of the facts.

The press, and sometimes societal leaders who should know better,<sup>1</sup> continually quote the figures that 8,000–10,000 women die each year from criminal abortions in the United States. At the International Conference on Abortion, held in Washington, D.C., in 1967, all parties in the abortion controversy agreed that it was fairly accurate to say that between 250–500 women die each year from all kinds of abortions in the United States.<sup>2</sup> More recent studies suggest that perhaps only 60 women die each year from illegal abortions.<sup>3</sup> In general, there has been a marked and dramatic decrease in maternal mortality from all causes over the past twenty-five years.<sup>4</sup>

<sup>1</sup> Judge Cooper in the *Memorandum Decision*, *State of S. Dakota v. H. Benjamin Munson* (1970), declaring the abortion statute of S. Dakota unconstitutional, cites *Life* magazine, Feb. 27, 1970, as his source, and states, "According to reliable estimates, more than a million American women had abortions last year. Of these about 350,000 needed hospital care when they attempted to abort themselves, and more than 8,000 of these self-help cases dies."

<sup>2</sup> *The Terrible Choice: The Abortion Dilemma* (New York: Bantam Books, 1968), 40–47.  
<sup>3</sup> Denis Cavanagh, M.D., "Reforming the Abortion Laws: A Doctor Looks at the Case," *America* (April 18, 1970), 406. Dr. Cavanagh's figures are based on statistics published by the U.S. Department of Health, Education, and Welfare and the Minnesota Maternal Mortality Committee—and extrapolations therefrom—for the years 1950–1966.

<sup>4</sup> Statistics published by the U.S. Public Health Service of the Department of Health, Education, and Welfare in *Vital Statistics of the United States*, Part II—Mortality, demonstrate that maternal deaths from all causes fell from 1,231 in 1942 to 160 in 1967 (the last year for which complete figures are currently available).

Hospitals, physicians, and nursing services are already overburdened in attempting to provide adequate health care. Serious health problems will be presented by any attempt to meet a demand for abortions on any large scale basis.<sup>6</sup> The first month of the New York experience with abortion on demand seems to bear this out. There have been three deaths for the more than 2,000 abortions performed. A city hospital spokesman had previously stated: "We can tolerate three deaths per 100,000 (abortion) patients."<sup>7</sup>

The Statement of the American College of Obstetricians and Gynecologists on Therapeutic Abortion (May 9, 1968) warns that even the medical profession is not fully aware of the dangers inherent in the normal abortion procedure. The Droegemueller, Taylor, and Drose study on the implementation of Colorado's reformed abortion law cites an uncomfortably high rate of secondary complications.<sup>7</sup>

Some claims regarding health care in the instance of illegal abortions are especially erroneous. For instance, WMAQ-TV, the National Broadcasting Company's outlet in Chicago, recently stated in an editorial of May 6, 1970, that 20,000 women were brought to Cook County Hospital in 1969 as the result of butchered abortions. On May 11, the Station admitted to this factual error and noted that according to hospital officials the correct figure was 102 women. Dr. Vincent J. Collins, Director of the Division of Anesthesiology at Cook County Hospital, presented the rebuttal.

Again, the "statistics" of 1,200,000 illegal abortions a year in the United States is but a "guesstimate." There are no reliable statistics on the number of illegal abortions performed in the United States each year.<sup>8</sup> On the basis of this weak evidence estimates run from 200,000 to as high as 1,200,000. As the proponents of the practice of abortion themselves claim, the majority of illegal abortions are performed by a qualified physician in his private office.

"Just as with 'unwanted fetuses,' the abortion advocates argue that defective fetuses should be destroyed for their own sake. However, science cannot yet diagnose the presence of physical defects in the unborn to any appreciable extent."

As in the case of rubella (now being eliminated to a large degree due to the rubella vaccine),<sup>10</sup> the overall chance of the child being born seriously defective is one in fourteen, and in those cases the extent of the defect can vary.<sup>11</sup> Here then, as in the case of "unwanted births," the question arises whether the concern is more for the subjective fear and anguish that the parents feel than for the true welfare of the child.

The nature of the relation of population growth and environmental problems is not clear. The firm evidence at the present time indicates that the environmental problem is not one merely of population growth, but is more the problem of population distribution and national will.<sup>12</sup> A reduction of population may very well leave the essentials of the environmental problem untouched. The mentality that so readily associates environmental problems with population growth is frequently the same mentality that has urged abortion as a needed method of family planning.

Senator Cranston, who introduced a section on population growth and environment for inclusion in S. 2108, in his testimony of December 9, 1969, mentioned that some feel that abortion is a needed back-up for contraceptive failure. The question of abortion as a method of family planning should be clearly dissociated from the need to improve the environment. The practice of abortion in Japan since 1948 has not prevented the emergence of an environmental problem in 1970.<sup>13</sup> Also, an official of the U.S. Census Bureau has recently suggested that

<sup>6</sup> Cavanagh, *op. cit.*, p. 411.

<sup>7</sup> *The Evening Star*, Washington, D.C., July 22, 1970.

<sup>8</sup> "The First Year of Experience in Colorado with the New Abortion Law," *American Journal of Obstetrics and Gynecology*, Mar. 1, 1969.

<sup>9</sup> Cf. Christopher Tietze, "Induced Abortion as a Method of Fertility Control," in *Fertility and Family Planning: A World View*, Behrman, S. J., M.D., Leslie Corsa, Jr., M.D., and Ronald Freedman (eds.) (The University of Michigan Press, 1969), 311-337.

<sup>10</sup> Joseph Daniels, "The Prenatal Detection of Hereditary Defects," *Hospital Practice*, June 1969.

<sup>11</sup> 1970 *Facts and Figures About Birth Defects*, The National Foundation—The March of Dimes, September 1969.

<sup>12</sup> Apgar and Stickle, "Birth Defects: Their Significance as a Public Health Problem," *Journal of the American Medical Association*, 204:5, April 29, 1968.

<sup>13</sup> *Toward Balanced Growth: Quantity with Quality*, Report of the White House National Goals Research Staff, July 4, 1970 (Chapter 2).

<sup>14</sup> In Japan, the practice of abortion has been questioned on several grounds, such as population imbalance and long-range effects on health. See Shiden Inoue, "Abortion Will Bring Death Down on Japan," *JIFYU Magazine*, June 1965; and Statement of the American

the passage of abortion-on-demand laws in a large number of states would probably produce a family size below even the touted optimum of 2.2 children.<sup>14</sup> If abortion-on-demand laws were passed in the United States we may well develop regressive population patterns that would create problems of more serious consequence than we now have with ecology.

3. *Education Provisions.*—The first and third "whereas's" express a fatalistic and negative attitude that extends beyond family planning to other areas of life. The government should not subsidize the dissemination of such a particular view. To avoid this possibility we feel that the special education provisions (S. 2108, Sec. I (e) ; Sec. 10) should be eliminated.

#### IMPLEMENTATION OF S. 2108

S. 2108 speaks clearly of its intent to provide comprehensive family planning services. The bill makes no attempt to delineate just how comprehensive these services are intended to be as regards methods of family planning. On July 14, Sen. Packwood, a sponsor of S. 2108,<sup>15</sup> read into the record a series of statements by various organizations in favor of abortion law reform. Most of these statements, among them one by Planned Parenthood—World Population, express the opinion that abortion should be a legitimate part of family planning services. On the face of the issue the possibility exists that this family planning legislation could be so interpreted.

Moreover, the concrete evidence indicates that this would be the case. S. 2108 provides for the establishment of an Office of Population Affairs within the Department of Health, Education and Welfare. This office is to be administered by a Deputy Assistant Secretary for Population Affairs under the "direct supervision" of the Assistant Secretary for Health and Scientific Affairs. This latter post is held by Dr. Roger Egeberg. In this capacity he will have a large measure of influence over the policy and programs provided by S. 2108.

Dr. Egeberg has made it clear that he firmly holds to the tenets of the abortion-on-request position, namely, that abortion is a question of a medical practice between the woman and her doctor and that abortion should be available to every woman as a back-up for contraceptive failures. "The decision to use this method of contraception (the bill) in preference to another, or none at all, is a judgment that individual persons must make in consultation with physicians. I hold exactly the same view with respect to abortion. As a makeup for contraceptive failure, abortion should be available to every woman who wants it and on whom an abortion can be performed without undue risk."<sup>16</sup>

Dr. Egeberg has made it quite clear that he considers abortion to be a legitimate method of family planning. By the timing of his statement he also has made it clear to Congress that unless it explicitly excludes abortion from S. 2108, he in his responsibility to directly supervise the Office of Population Affairs would feel it proper to encourage the policy and practice of abortion as he judged fit.<sup>17</sup>

Further, Dr. Louis B. Hellmann, the man who has been appointed Deputy Assistant Secretary for Population Affairs, holds views on abortion on demand as public policy that are, if anything, more militant than those of Dr. Egeberg. Dr. Hellmann is one of four doctors who recently brought suit against the New York abortion law on the grounds that it was unconstitutional. In this law suit Dr. Hellmann was arguing that society and the state should place no restrictions on abortion, but should leave the decision to the woman and her doctor.

The position that Dr. Egeberg, Dr. Hellmann, and others espouse stands in direct contradiction to the express intent of the Congress of the United States<sup>18</sup> and the legislatures of forty-seven of the fifty states, as well as the recommendations of the American Law Institute<sup>19</sup> and the American College of Obstetricians and Gynecologists.<sup>20</sup>

College of Obstetricians and Gynecologists, *op. cit.* Likewise, the present Japanese Prime Minister has questioned whether the country's permissive abortion law, formed under the direction of the American Occupation Forces at the end of World War II, is in accord with the traditional Japanese respect for the sanctity of human life. *JYU Magazine, op. cit.* Also, the Prime Minister's Office has recently completed a survey showing that nearly 9 out of 10 of that country's women oppose abortion (report released June 20, 1970).

<sup>14</sup> Washington Daily News, July 30, 1970.

<sup>15</sup> Senator Packwood is also sponsor of the "National Abortion Act," S. 3746, which, if passed, would make abortion on demand the law of the Nation.

<sup>16</sup> Roger O. Egeberg, M.D., "The Will To Survive," (speech), May 11, 1970.

<sup>17</sup> Dr. Egeberg delivered this basic speech for several months. In May he introduced the paragraph approving abortion on demand as public policy.

<sup>18</sup> 22 D.C. Code 201.

<sup>19</sup> Model Pennl Code of the American Law Institute (1962), Section 230.3.

<sup>20</sup> Official Statement of the American College of Obstetricians and Gynecologists, May 9, 1968.

In the past few years many states have considered the question of modifying their abortion statute. To date sixteen states have done so to some extent.<sup>21</sup> Three states have recently enacted abortion-on-demand legislation.<sup>22</sup> Judicial challenges to abortion laws are currently at various stages in numerous federal and state courts. The Supreme Court of the United States now has before it the question of whether the District of Columbia abortion statute is unconstitutionally vague.<sup>23</sup> The total question of the state's regulation of abortion is one of the most trying problems of our time. And it is one which is worthy of a decision only after a careful airing of all views, intense examination and exhaustive analysis.

The National Right to Life Committee recognizes that Congress is able to legislate in matters concerning the health and welfare of the population. However, there is inherent in the circumstances surrounding this proposed legislation the danger that its passage would be viewed as the initial step in the federal funding of abortion as a means of contraception. We do not believe that Congress should pass any law which can be interpreted as favoring abortion as a means of contraception, particularly when this is prohibited by statute in the majority of the states. Accordingly, the Committee questions the wisdom of allowing such an implication to remain in this proposed legislation without the Congress first addressing itself to the legality, morality and wisdom of abortion itself. Therefore, we ask that abortion as a method of family planning be explicitly excluded from the proposed legislation.

#### AFFIRMATION OF POSITIVE INTENT

We agree that family planning has been recognized nationally and internationally as a universal human right. We would like to point out that in the U.N. Declaration on the Rights of the Child it also has been internationally recognized that the child is entitled to full legal protection "before as well as after birth." Within our own nation the law of trusts, the laws of inheritance, the law of property and the law of guardianship have long recognized the child in the womb as a human and legal entity.<sup>24</sup> Likewise, the laws and decisions dealing with torts, negligence and wrongful death, keeping pace with developments in the medical sciences,<sup>25</sup> have come to recognize the unborn child in the same way.<sup>26</sup> And one of the most prestigious state supreme courts has held that the right of the child in the womb to continued existence takes precedence even over the cherished constitutional freedom to practice one's religion.<sup>27</sup>

Grave constitutional questions are raised by any implicit authorization of federal funds for abortion as a method of contraception. Liability could possibly be imposed upon the government agency authorizing an abortion under 42 U.S.C.A. 1985 for depriving the child in the womb of the equal protection of the laws or under 18 U.S.C.A. 241 for depriving him of the free exercise and enjoyment of rights secured by the Constitution of the United States.<sup>28</sup>

We support the statement that Congress should foster the integrity of the family and the opportunity for each child. In this regard we point out the consensus of some of the country's most noted child specialists that optimal health

<sup>21</sup> Alaska, Arkansas, California, Colorado, Delaware, Georgia, Hawaii, Kansas, Maryland, Mississippi, New Mexico, New York, North Carolina, Oregon, South Carolina and Virginia.

<sup>22</sup> Alaska, Hawaii and New York. There is evidence that the American people are not fully aware of the implications of abortion on demand. We appear to be following the British experience in this regard. As the "Consultants' Report on Abortion," *British Medical Journal* (May 30, 1970), pp. 491-535, concludes: "The time has come for the legislators to decide whether they and the community which they represent really want abortion on demand . . ." After a full year's experience with this reformed abortion law, the consultant obstetricians and gynecologists employed in the National Health Service were opposed to abortion on demand by 92% (p. 530).

<sup>23</sup> *United States v. Valtch*, October Term, 1970, Number 84.

<sup>24</sup> John T. Noonan, Jr., "The Constitutionality of the Regulation of Abortion," *Hastings Law Journal*, 51, 52 (University of California, Hastings College of the Law, 1969).

<sup>25</sup> See for example:

Bradley M. Pattee, *Human Embryology*, McGraw-Hill Book Co., New York City, 1968.

Davenport Hooker, "Early Human Fetal Behavior with a Preliminary Note on Double Simultaneous Fetal Stimulation," *Proceedings of the Association for Research in Nervous and Mental Disease*, Baltimore, 1954.

<sup>26</sup> David A. Gordon, "The Unborn Plaintiff," 63 *Michigan Law Review* 627 (University of Michigan Law School, 1965) and William Prosser, *Handbook of the Law of Torts*, Section 354, et seq., 1964.

<sup>27</sup> *Raleigh Pitkin-Paul Memorial Hospital v. Anderson*, 42 N.J. 421, 201 A.2d 537 (1964); cert. denied, 337 U.S. 985, 12 L. Ed. 2d 1032, 84 S. Ct. 1804 (1964).

<sup>28</sup> Opinion of Hon. Francis Bureh, Attorney General of the State of Maryland to Hon. Marvin Mandel, Governor of the State of Maryland, May 13, 1970.

care for the child and mother should include "preconceptional, prenatal, delivery, and postnatal services."<sup>20</sup>

By inadvertence the Congress should not contradict its positive commitment to the children of this nation.

#### SUMMARY

In summation the National Right to Life Committee makes the following recommendations regarding S. 2108 and similar and related legislation:

(a) That the legislative intent of the bill be clarified regarding: 1) the meaning of the term "unwanted births;" 2) the aim of realistic family planning programs. We feel that the fatalistic and negative attitudes embodied in some proposals of the legislation should not be approved and encouraged by the legislative action of the United States Congress, and that to effect this end the cited "whereas's" should be re-written.

(b) Because of the real danger that the special education provisions of the legislation would be heavily utilized to express the philosophical views of particular interest groups, particularly in regard to easy abortion, we ask that these provisions be eliminated from this legislation.

(c) Because of the probability that this legislation would be mis-interpreted as intending abortion as a method of family planning, we ask that language be included to the effect that the various family planning programs provided by this legislation do not envision the practice of abortion in any way.

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#### STATEMENT OF SIERRA CLUB

Mr. Chairman and members of the Subcommittee, my name is Lloyd Tupling and I am here in behalf of the Sierra Club to offer our support for S. 2108 as passed by the Senate.

The Sierra Club was founded in 1892 to strive for the protection of the scenic resources of the United States, its forests, waters, wildlife, and wilderness. Our membership, which is currently increasing at an annual rate of 19 percent, now exceeds 85,000.

The accelerating avalanche of human numbers, together with man's expanding technological capability, poses an entirely unprecedented challenge to the environment, as well as to the structure of society. Urgent and competing demands for rapidly diminishing natural resources tend to be resolved in favor of short term satisfaction as opposed to long term benefit. Efforts to fulfill mounting human expectations quickly and economically in a time of increasing scarcity of resources are resulting in unanticipated and often uncontrolled violence to the environment. We are coming rapidly to the realization that the complex natural system on this planet constitutes not an incidental luxury we can afford to sacrifice, but rather an essential asset without which we cannot survive. We are coming to realize that our survival will be determined by our capacity to exercise self-restraint in imposing ourselves, our products, and our particular rules upon our environment.

The conservation movement has always derived its inspiration and strength from the instinct of man to protect his home from his own abuses. It is natural then, in recognition of the obvious interrelationship of the population issue and environmental problems, that we involve ourselves with matters related to population.

Although the population growth rate of the United States is less than that of underdeveloped countries, it would be a gross mistake to assume that the urgency of the problem is distinctly less in the United States than it is in the rest of the world. Our responsibility to exercise self-restraint is quite unique. While comprising six percent of the world's population, we consume approximately one-third of the world's annual production of non-renewable resources. We utilize on a per capita basis 50 times the power consumption of the average citizen of India and 500 times that of the average Ethiopian. We ought to experience something more than a slight twinge of guilt with the recognition that a large portion of this power is derived from a world petroleum supply that will be exhausted in a matter of decades. We are the world's greatest polluter and

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<sup>20</sup> *Optimal Health Care for Mothers and Children: A National Priority*, National Institute of Child Health and Human Development, National Institute of Health, Department of Health, Education, and Welfare, Washington, 1967 (p. 5).

producer of wastes. We are among the world's greatest per capita consumer of food calories and essential food nutrients. Preston E. Cloud, Jr., Chairman of the Committee on Resources and many of the National Academy of Sciences observed, with regard to the looming resource crunch, in testimony last September at hearings entitled "Effects of Population Growth on Natural Resources and the Environment" that, "Growing populations of Americans will be confronted with the hard choice of foregoing some of their affluence or continuing to import. at increasing rates, the raw materials on which underdeveloped countries might base their own industrial growth."

It is our view that the Federal Government has the clear responsibility to assign highest priority to the stimulation of awareness and understanding on the part of the American public and its leadership of a realistic appreciation of the relationship between population growth and environmental deterioration.

The Administration has gone forcefully on record with regard to the population issue. President Nixon, in his message to Congress on July 18, 1969, cogently emphasized the urgency of the situation when he stated that:

"One of the most serious challenges to human destiny in the last third of this century will be the growth of the population. Whether man's response to that challenge will be a cause for pride or despair in the year 2000 will depend very much on what we do today."

Acting on the President's recommendation, the House passed H.R. 15165 calling for establishment of a commission on population and the American futures.

We stated, in testimony in support of H.R. 3337, the House companion measure to S. 2701, our belief that the bill could be strengthened by explicitly acknowledging the environmental as well as the social implications of the population problem. We further urged an explicit questioning of the inevitability of continued population growth.

We are hopeful that the two-year study to be conducted by the Commission on Population and the American Future will be productive of much valuable information. The enabling legislation does not however implement the President's recommendation for "the provision of adequate family planning services within the next five years to all those who want them."

The bill S. 2108 and related bills before you seek a prompt implementation of the family planning program; we base our support on the recognition of an irrefutable need for prompt and significant action. We support the funding levels of the Senate passed bill, and two other passed amendments to the original bill. One is the insertion of the phrase "and the easing of the pressure of population growth on the environment" at the end of the third whereas at the bottom of page 10. We testified at the Senate hearings in favor of such an amendment, for we feel that it is important to acknowledge the personal responsibility shared by all of us in matters relating to issues of population and environment.

We also support the Cranston amendment authorizing funds for population education, since there is a general recognition that a significant causative factor in the world's, and this country's, population growth is the simple desire of most people to have more children than are compatible with a stable population. This aspect of the problem is at least partly educational, and the Cranston amendment acknowledges and proposes initial steps to deal with the problem.

In summary, efforts to study, comprehend, and publicize the critical nature of the population, technology, environment dilemma must be greatly accelerated so that the public and government may have a sound basis for future action. The Sierra Club commends this subcommittee for its interest in problems of population and urges approval of S. 2108 with the revisions suggested. The problem is enormous and the passage of this single piece of legislation, as important as it is, will not alone solve it. Your favorable action will, however, constitute a step in the right direction. Thank you.

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STATEMENT OF RICHARD C. FUISZ, M.D., VICE PRESIDENT AND PUBLISHER,  
MEDCOM, INC.

Mr. Chairman, members of the Committee, please accept my sincere thanks for the opportunity to present this statement as you deliberate on this major

Congressional attempt to address this nation to the solution of one of its most serious problems.

Professor Ehrlich, the noted environmental biologist at Stamford, I believe, really put the population problem in perspective when he has said that it is by no means our only problem and its solution is not a panacea, but that a decrease in the population growth rate is the *sine qua non* to the proper resolution of such other issues as pollution, nutrition, race relations and poverty.

Without a decreased growth rate the enactment of the enlightened programs of the 20th century, which have so greatly contributed to the welfare of mankind throughout the world, will have been in vain.

In South America, population increases faster than the already tremendous increase in production, and nets not a rising but a declining standard of living.

In Asia, famine is a constant companion.

Billions spent in India mark little true progress.

We know this.

But over population is an American problem too. And rampant American population growth is a worldwide problem of incredible dimension.

Our cities are, well, you know our cities. Our water? You know our water. It was this great branch of government that so recently highlighted our not-too-hard-to-find malnutrition. Poverty has been warred against in America, yet poverty is with us still.

Tens of billions have been spent and more is earmarked, but will it keep pace? The evidence is against it, both here and abroad.

And what of the impact our growth has upon the rest of the world?

Americans consume 3,200 calories per day, an average persons in India, 1,800.

Americans represent 6% of the world's population but consumes 40% of the natural resources used. By 1980 that figure may go as high as 80%. We use per person, 50 times the fossil fuel an Indian does. We use per person, 300 times as much steel as an Indonesian. We produce—each of us—5.3 pounds of solid waste per day, and it will soon be 10. At our present growth we will in the next century require the total world's known deposits of petroleum and tungsten and other metals.

We, we Americans, must stop.

I stress that last sentence. I did not say we must stop each other, or that we must be stopped. We must voluntarily stop. And what's more, we want to! The famous studies done at Princeton University by Professor Charles Westoff, indicate that our population growth would cease entirely, that we would stabilize, if only unwanted pregnancies were prevented. If we could only allow those who want to limit their families to do so we would have accomplished our purpose. The person who wants 1 or two children and has six is not free. Not in any meaningful sense of that word.

What this legislation purports to do is to make available the necessary information and contraceptive material which are necessary to enable these people to freely turn their desires into reality.

As other educational expenditures and programs have contributed to the growth of freedom in this nation, so too will this. Just as other provisions of financial assistance have enabled many Americans to better themselves and increase their individual freedom of choice so too will this.

I strongly urge you to enact this kind of program; and I would like to turn briefly to how one aspect of the legislation can best be carried out.

The education of people does not exist apart from population concerns. Just as the one-room school house is a thing of less crowded times, so too must many theories of education bow to the changed circumstance of mass educational needs. And the luxury of the recent past is no longer with us. Education, though a recognized responsibility of government, cannot be a private preserve of government. There is just too much to be done. Neither can it be the private preserve of traditional educators. No longer is it of course, nor for that matter, never has it really been so.

In my opinion, from my experience in the private educational sector, too much emphasis in recent years has been placed on studying media and not enough on getting information out to those who want and need it.

Many have been saying that there is no known way to reach certain people in need of being reached. One would hope that Sesame Street has shown that some of these elaborately financed assumption have been disproved.

The very children and parents who it is said cannot be educated, are the same people who are not only informed about cereals and soap suds, but who, on being

informed, are motivated to action and buy these products. It seems there's a lesson for us in this.

If we use the techniques of mass communication, if we understand that the expression "one picture is worth a thousand words" has real meaning, if we understand that money spent on technique is not money wasted, then the job can be done. And it doesn't require that only the most expensive equipment and systems be used—It is their essentials that count, and the way in which they are put together.

There are a variety of commercial firms who are translating these ideas into meaningful educational endeavors. And consequently the people who need the information are getting it. And it is doing the job. And dollar for dollar it is cheaper and more successful than many government programs even though the initial outlay may be larger. Furthermore, rather than invest large amounts in research by traditional educators into possible programming, often the better course is to buy units of existing programming which has been produced by the private sector, and which even if they don't meet every nuance of need, effectively fill the bill, and release development funds for programming that is not commercially available.

I would like to stress this point. It seems that the usual negative reaction to already existing programs is that they are not pre- and post-tested in the environment that this specific application is intended for. The kind of thing where the audience is discerned as having had  $6\frac{1}{2}$  years of school and earns \$3,850 per year on the average. With this state of facts many government personnel will say, "We have this unusual audience, therefore we must either have you test your product with them, or we must specifically design something for them." What I basically want to say here is that if Proctor & Gamble did that they'd go broke. What they do instead is do it well and all will see and understand. There seems no reason why we can't do this in education.

In conclusion, I don't think how we do it is as important as the fact that we do something. And I believe we can do something without untoward expense if we look at the people to be served as ordinary Americans who are as capable as you and I of receiving mass communicated material and acting on them.

Thank you gentlemen. It has been an honor for me to present these views to you. I would hope that your deliberations will lead to a vigorous program in disseminating contraceptive information and that the burden of so doing will be realistically evaluated and met, quickly.

#### STATEMENT OF MARION EDEY, FRIENDS OF THE EARTH

Mr. Chairman, members of the subcommittee, I am Marion Edey and I would like to express the view of Friends of the Earth, an organization created to preserve our ecology and our total environment. Our interest in S. 2108 is very pertinent, since the most basic and pervasive threat to our environment comes from the combined pressures of our growing population and the massive technology we use to support it.

We heartily endorse S. 2108, as passed by the Senate. This bill, and the funds it authorizes, are urgently needed to implement the President's goal of providing family planning services to all who need them. Passage of this legislation will certainly not solve our national and international population problems, but it will at least help to prevent the tragedy of unwanted children in a world that is unable to support them.

There is a dangerous misconception among many people that a wealthy nation like the United States can afford a population explosion. Nothing could be further from the truth. The population in a highly industrialized nation will destroy its environment far more quickly than the same population in a less developed country. The average American consumes more than eight times as much in raw resources as a person in the rest of the world, and 50 times as much power as the average citizen of India. Our avalanche of people has also become an avalanche of cars, which in addition to causing 60 percent of our urban air pollution, now use up more space in America than people.

To supply our insatiable demands we rely on a massive technological development that is hastening the depletion of our natural resources at the same time

that we hasten their pollution from the waste products our own increased numbers and wealth. Unfortunately our technology cannot create endless supplies of such basic needs as air, water, soil and space, let alone replace the complex and fragile ecology upon which we depend for our survival.

Each year we add enough people to the U.S. to fill the city of Los Angeles. This annual flood makes a million competing demands on our productive land, asking more space for the housing, for highways, for recreational needs, and for the production of vast new quantities of food and raw materials.

We cannot begin to comprehend this impact when we view each shortage in isolation. The different pressures upon our environment are each aggravating the others and creating an ecological crisis.

For all these reasons we join with the Sierra Club in endorsing the bill and supporting the Senate amendment that states explicitly that the family planning programs will benefit not only the family and the immediate community but the entire world, and this not only for reasons of health and social values but because it will help to ease the pressure on the environment. To justify family planning solely because it benefits the individual family may benefit the dangerous misconception that it is not harmful for parents who can afford to support six children to have six children. Society and the environment cannot afford to support that kind of population growth.

We also join with the Sierra Club in supporting the amendment to authorize grants for population education. The bulk of our population growth is caused not by unwanted children, but by the traditional American desire to have about three or four children. If the present generation conforms to this ideal, it will devastate the environment. To avoid this disaster will require a much greater understanding by Americans of the social and ecological consequences of child-bearing, and a fundamental change in attitudes. We endorse federal support for population education and similar approaches to this goal.

In the meantime, family planning must not only be available, but actively encouraged. We live in a finite planet, with limited resources, and the more lavishly that each person consumes, the fewer the total environment can support. We must make a choice between a conscious effort to stabilize our population, a radical reduction in our habits of consumption, or ecological catastrophe.

Thank you very much for this opportunity to express the views of Friends of the Earth.

**RESOLUTION OF THE NATIONAL WILDLIFE FEDERATION, ADOPTED AT THE 34TH ANNUAL MEETING, MARCH 22, 1970, AT CHICAGO, ILL.**

**OPTIMUM POPULATION LEVEL**

Whereas, the human population is making ever-increasing demands upon natural resources for food, fibre, space and other basic needs, including outdoor recreation; and

Whereas, these demands are resulting in an overall degradation of the natural environment through water pollution, air pollution, unwise uses of chemical poisons, losses of natural areas, surface mining, and noise; and

Whereas, many fear that overcrowding is leading to irrational and destructive behavior among humans, behavior similar to that which prevails among lower forms of life when they are overcrowded; and

Whereas, man's very survival may be threatened if the ecosystem no longer can cleanse itself because of environmental contamination; now, therefore, be it

*Resolved*, That the National Wildlife Federation, in annual convention assembled March 20-22, 1970, in Chicago, Illinois, hereby asserts its conviction that the human population in the United States, as well as throughout the world, has reached the point where it should be stabilized at the current level; and be it further

*Resolved*, That this organization encourages the President of the United States to initiate action, both in this country and abroad, which will result in the development of plans and/or programs to curtail the present expansion of human populations.

RESOLUTION OF OAK RIDGE UNITED METHODIST CHURCH, GREENSBORO, N.C.,  
REV. FLOYD BERRIER, MINISTER

(The following resolution was received from Rev. Floyd Berrier, Minister of Oak Ridge United Methodist Church, Greensboro, N.C., and Greensboro Director of Christian Social Concerns for the United Methodist Church. The resolution was adopted by the United Methodist Church General Conference of 1970)

"POPULATION CRISIS RESOLUTION

*Resolved.* That national governments create major agencies to deal solely with the population crisis. The development of atomic energy and the reaching of the moon took place only because major agencies were created solely for those purposes, told to achieve those objectives as soon as humanly possible, and given the money and manpower needed for the task. Action at least as bold and massive will be required to stem the population crisis, a crisis which presents problems more complex than those of either the atom or space."

AUSTIN, TEX., August 3, 1970.

HON. HARLEY STAGGERS,  
*Chairman, House Interstate and Foreign Commerce Committee, Rayburn House  
Office Building, Washington, D.C.*

DEAR MR. STAGGERS: You and your colleagues on the House Interstate and Foreign Commerce Committee are encouraged to give serious and favorable consideration to Senator Tydings' non-partisan S. 2108 to provide family planning services to all families regardless of income level.

Everything that federal, state, and local governments are doing to obtain pollution control and improvements in the quality of our living space, important as they are, basically deal with symptoms only. Population expansion and maldistribution are original causes of most situations which cry for correction.

In a democratic society, the voluntary approach to population control seems wisest. Citizens are entitled to factual information on which to base their own individual decisions.

I commend the bill to your careful consideration and judgment.

With kindest regards,  
Sincerely,

PRESTON SMITH,  
*Governor of Texas.*

STATE OF MICHIGAN,  
DEPARTMENT OF NATURAL RESOURCES,  
*Lansing, Mich., August 11, 1970.*

HON. HARLEY STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.*

DEAR REPRESENTATIVE STAGGERS: When we received information that the House Committee on Interstate and Foreign Commerce was to hold a hearing on Senate Bill, S. 2108, it was too late for us to present a statement for that hearing. We do wish to make our views known on this significant bill and beg the indulgence of your committee of entering this letter into the record of that hearing.

S. 2108 is undoubtedly a significant and major step toward improving the quality of family life in these United States. By providing information, and funds for research and assistance in family planning, S. 2108 should ease the economic burden that large family size imposes on low income families. These services will be available also to the more affluent segments of society, so all should benefit.

Specifically, S. 2108 will accomplish this by taking certain beneficial, positive steps: (1) It will make family planning services available to all, but especially to the five million underprivileged American women who do not have ready access to medical advice on family planning; (2) it will give financial and technical support for urgently needed research in population and reproductive physiology, to develop safer and more acceptable methods for family planning; and (3) It will establish an Office of Population Affairs in the Department of Health, Education and Welfare to provide leadership and coordination for domestic family planning programs and for contraceptive research.

More important, S. 2108 will be an important step in slowing up the geometrically-increasing growth of our population and the attendant demands of advancing technology and our economic system on the earth's natural resources. Perhaps, coupled with other actions, personal and governmental, it could culminate in a stabilized population.

Unless people are made aware of the population problem and given assistance to cope with it, they will not, they cannot, act in time. If they do not, then regulations, restrictions, and control methods, now unthinkable, may have to be invoked to save not only Americans, but also the human race.

We heartily endorse S. 2108 and urge its prompt approval by your committee, without amendment, so that it may receive favorable action by the Congress in the present session.

Sincerely,

A. GENE GAZLAY,  
Assistant Director.

THE CITY OF NEW YORK,  
OFFICE OF THE MAYOR,  
New York, N.Y., August 7, 1970.

HOUSE SUBCOMMITTEE ON PUBLIC HEALTH AND WELFARE,  
Rayburn House Office Building,  
Washington, D.C.

DEAR SIRS: The New York City Department of Health and the New York City Human Resources Administration urge your support of H.R. 11559, the Family Planning and Population Bill recently passed by the Senate as S. 2108. We welcome the appropriations it proposes. Only such amounts, sustained and increased over a five-year period, can answer the present and anticipated needs of all American families desiring family planning services.

The supply of family planning services has until now fallen far short of demand. As with other health and welfare services, the poor have gone proportionately under-served. Although middle-class families have had relatively easy access to services through the private sector of medicine these past years, poorer women, dependent upon public sources, have suffered because of a persistent failure on the part of the public sector to meet their needs.

In New York City alone, it is estimated that there are now about 300,000 low-income women in need of subsidized family planning services. In 1969, approximately 119,000 of these 300,000 women used existing services to their full capacity. This leaves more than 180,000 medically indigent women without services due to lack of funds for staff, facilities, and information about care. An OEO study conducted in 1968, and entitled "Need for Subsidized Family Planning Services, in the United States by State and County," indicated that 41% of the indigent women in New York and New Jersey live in the five counties of New York City, and that 49% of "excess infant deaths" occur there.

From the vantage point of health, we have seen a direct correlation between child spacing, infant mortality, and maternal health. This relationship has dramatized the need for low-income and public assistance families to have access to a means of controlling their own lives by determining the number of children they will have, and when they will have them. Social factors compound the problem, for there is an additional correlation between large family size, poverty, and unwanted children. Providing and caring for children is expensive; the birth of an unwanted child may create a serious financial setback for his family and a poor psychological environment for himself. Furthermore, children of very large, poor families run a greater risk of becoming poverty-stricken adults themselves because of the limitations society places on them from the very beginning.

In the past six years the New York City Department of Health has developed family planning services in twenty-eight health centers in the low-income areas of the city's five boroughs. Approximately 60,000 medical visits for family planning were made to these centers in 1969. In addition, the staff of the Department is initiating family planning regimens for over 36,000 women per year before discharge from voluntary or municipal hospitals. Despite this increase in services, the crude birth rate in New York City showed an increase for 1969. This city-wide reversal of the downward trend of the birth-rate over the previous five years reflects the fact that the post-World War II "baby boom" population has now reached childbearing age. We are in vital need of federal aid to assist this group, many of whom are recent arrivals from rural areas, to plan and space their children.

In the past three years the New York City Human Resources Administration, as the public agency encompassing the anti-poverty program and the Department of Social Services, has brought family planning services to more than 12,000 families through ten neighborhood centers in poverty areas, primarily with the use of OEO and city tax levy funds. Responding to the special needs of this population, these centers have operated with the participation of local community residents, both on policy boards and in administrative and para-professional staff positions, in order to provide a "bridge" of familiarity between the patient and the service. Thirty percent of the operating budgets of these programs is used for community information and education, to allay fears and inform women about human anatomy and physiology, and the availability of a range of contraceptives. Community workers have reached roughly 58,000 women through door-to-door canvassing and educational meetings, a key fact counteracting the accusations of genocide sometimes made against proponents of family planning. In addition to this, a pilot program with our Summer Neighborhood Youth Corps has provided a sex education-discussion curriculum for more than 2,000 adolescents in an effort to reach young people before the birth of a first unwanted child or before abortions are sought.

Therefore, we are very anxious that, in addition to services, training and research, authorizations should be included in this bill expressly for the development and dissemination of information and educational materials on family planning for all persons desiring such information. The Department of Social Services has just recently published one million copies of a bi-lingual booklet containing family planning information and a complete listing of all such services in New York City. They will be distributed through every location of the Department to all new applicants and staff, and will be mailed to all public assistance recipients for those who may wish to avail themselves of services. Additional funds are essential for efforts such as these.

As a consequence of the Health Department policy of providing every woman who presents herself for an abortion with family planning information, in coordination with the recent change in state law, New York City's need for expanded care have become particularly urgent. The rapid growth of our health and social welfare programs in the past few years also attest to the desire of low-income women in New York City for expanded services. Because of the technological development in contraception, however, each new patient must return for at least two physicians' visits per year for proper medical supervision. In 1969, our Human Resources Administration Centers, for example, saw 3,719 new patients but handled more than nine thousand patients on a re-visit schedule. Thus, each new patient increases the service needs of such a program exponentially.

With 180,000 New York City and 5.14 million American women still in need of family planning services, the \$931 million authorized by the Family Planning and Population Bill before this subcommittee must become a vital source of programs like ours throughout the country. This new authorization, when added to funds already authorized under Title V of the Social Security Act will make it possible to reach President Nixon's goal of filling the nationwide unmet need within five years.

We urge the House of Representatives to join with the Senate in passage of this long-overdue legislation.

Sincerely yours,

JULES SUGARMAN,  
Administrator, NYC Human Resources Administration.  
GORDON CHASE,  
Administrator, NYC Health Services Administration.

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CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, D.C., August 3, 1970.

HOUSE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,  
Rayburn House Office Building,  
Washington, D.C.  
(Attention of Mr. Williamson).

DEAR MR. WILLIAMSON: Enclosed is the letter I have received from Dr. David L. Crane, Director of the Sarasota County Health Department, Sarasota, Florida,

in which he has commented on the legislation relating to the family planning program now under consideration by the Subcommittee on Public Health and Welfare.

I believe that Dr. Crane has made some very pertinent and revealing statements as a result of his own personal experience and observations in administering a county-wide birth control program. I am forwarding his letter to be made a part of the hearings of record on this legislation.

With best wishes, I am

Sincerely yours,

JAMES A. HALEY,  
Member of Congress, Florida, 7th District.

SARASOTA COUNTY HEALTH DEPARTMENT,  
Sarasota, Fla., July 21, 1970.

HON. JAMES A. HALEY,  
House of Representatives,  
Washington, D.C.

DEAR CONGRESSMAN HALEY: I haven't bothered you for a long time so I decided to let you know I'm still around

I am concerned about the five year appropriation authorized by the Senate to support a birth control education and supplies program for the medically indigent. I have not, of course, seen the precise details of the Bill but trust that it involves some new and effective methods of reaching the people we need to serve. If it does not, I fear a sizeable sum of money will be wasted.

If I may briefly recite our experience and then compare it with that of others my point will, I believe, be clear. First, I would like to assure you I am 100% in favor of birth control. I was once in charge of Florida's Program and did everything possible to develop an effective service. During the past two years in Sarasota County we have doubled our clinic program, which provides free medical care and contraceptive supplies to virtually any woman who seeks help. We now have five evening sessions per month, in three convenient locations with all sorts of advertisements and a corps of nurses, citizens and out-reach workers trying to enroll patients for the clinics. There are about 3,500 indigent women in Sarasota County who need our service, according to the nationally accepted methods of estimating need. We have yet to reach 15% of these women.

In June, Sarasota County was approved for an H.E.W. grant-in-aid project to double our current program. There will be twice as many clinic sessions, all will be free, we will try early evening sessions (5:00-7:00 p.m.) as well as the regular (7:00-10:00 p.m.) ones, in order to catch working women on their way home. There will be more out-reach workers and no one will be asked if they can contribute even 50¢ to the service. We hope to reach between 20 and 25% of the needy with this *all-out* program. This program for Sarasota County, (population 120,000) and a relatively wealthy community, will cost nearly \$100,000 in the next twelve months. I will feel gratified if we are able to serve 900 women.

I submit that what we need is not more money but better methods and incentives to bring people to service. We could have served 50% more people in the program we already had going, in the past year, but couldn't get them to come for service. This is where the problem lies! We staff programs with highly qualified people during the evening hours, near enough for the needy to reach the service. We advertise the service, contact the clientele personally and do everything we can think of to make it pleasant and easy. The patients still stay away. If we were given five times the sum we now have, *tomorrow*, I could not guarantee that we could get any more than 900 patients served in the year ahead. I'm not sure we can do that well. We must either pay people to receive this service or provide a tax or other financial incentive. If we do not we are spinning our wheels, fooling ourselves and wasting money.

I speak for every area, not just for this county. I do not know of any area in the county where anyone has found a formula that will get more than 25% of the needy patients served at an acceptable cost which could be applied nationwide. Meanwhile, the other 75% who are not served are inundating us another generation of indigents. This is indeed a serious problem! I hope some of the one billion to be provided will be utilized to find solutions to the problem of how to get patients to accept our free service!

Please excuse the length of the letter. I tend to get wound up and over-verbalize. I hope you can help solve this most critical problem.

Sincerely yours,

DAVID L. CRANE, M.D.,  
Director.

MONTANA COUNCIL ON FAMILY RELATIONS AND HUMAN DEVELOPMENT,  
Bozeman, Mont., August 14, 1970.

CHAIRMAN, HEALTH SUBCOMMITTEE OF THE HOUSE INTERSTATE AND FOREIGN  
COMMERCE COMMITTEE,  
U.S. House of Representatives,  
Washington, D.C.

DEAR SIR: There is little doubt that stabilizing the U.S. population growth is one of the most critical problems facing the United States today.

We have already witnessed the serious problems that "spin off" from overcrowding in our urban centers; these problems will continue until we make a major national effort to redistribute this population and the industry needed for employment. In the meantime, we cannot wait to check the ominous growth rate of adding additional millions to our already over-extended resources. Pollution greets us on every ecological front, air, water, land and now even the stratosphere. We must check this balance in all haste or soon it will be too late.

In light of some of the above factors, I would like to give strong support to the passage of S. 2108 and also S. 3990. Senator Tydings deserves the nation's highest award for developing awareness and formulating a bill dealing with these multiple problems.

Since family planning is so closely linked with the "quality of living," I strongly endorse the above legislation once it is passed. Your assistance in passing legislation vital to the public welfare is much appreciated.

Sincerely yours,

Dr. DEAN K. HOFFMAN, Chairman.

HEALTH AND WELFARE COUNCIL  
OF THE NATIONAL CAPITAL AREA,  
Washington, D.C., July 31, 1970.

SUBCOMMITTEE ON PUBLIC HEALTH AND WELFARE,  
Committee on Interstate and Foreign Commerce,  
U.S. House of Representatives, Washington, D.C.

GENTLEMEN: This letter is written on behalf of the Health and Welfare Council of the National Capital Area and relates to S. 2108, the family planning bill passed by the Senate on July 14 and scheduled for consideration by the House Subcommittee on Public Health during hearings beginning August 3.

The Health and Welfare Council is the central agency for developing and coordinating the support of the private sector for health, welfare and related community services in the Greater Metropolitan Area of Washington. It is a non-profit organization financed chiefly by the United Givers Fund and is responsible for the allocation of UGF funds to eligible voluntary agencies. The Council is a citizen-led organization of representatives of all segments of the Metropolitan Area.

The immediate and urgent need for radically increased family planning services and population and family planning research is self-evident. The very obviousness of this need may be an obstacle to effective legislative action. When a clear and present need exists, there can be a tendency to debate niceties of implementation with resulting delays in getting on with the job. Such delay in the areas of family planning and population would in our view be severely harmful to our community and our nation.

Senator Tydings has described family planning as "a fundamental individual right," an "essential . . . part of full freedom of opportunity." We agree. Further, we believe that it is vital to the well-being of the community as a whole that each of its members enjoys full access to the opportunity for family planning. Every effort the community makes to eliminate poverty, curtail crime, eliminate illiteracy and provide needed services can and will be frustrated by population explosion.

We support the policies of voluntarism, complete access to effective family planning for all Americans, research in both family planning and population, and training of qualified persons to achieve effective family planning, all of which are embodied in S. 2108. We support the principles embodied in the Resolution of the Executive Committee of Planned Parenthood-World Population, a copy of which is attached.

We believe an immediate attack on the population problem on the broadest scale on all fronts, public and private, national, state and local, is necessary.

Improvements in S. 2108 may be suggested. Changes in emphasis may be recommended. Certainly the bill's relatively modest appropriations of funds are small indeed to attack so large and important a problem. But it is a responsible and substantial beginning. We cannot afford to wait.

Very truly yours,

MARKHAM BALL,  
*Chairman, Committee on Federal Legislation.*

RESOLUTION BY THE EXECUTIVE COMMITTEE OF PLANNED PARENTHOOD-WORLD  
POPULATION

(Adopted September 18, 1969)

As the national health organization in the field of family planning, we endorse the national goal articulated by President Nixon in his message in July and recommended by President Johnson's Committee on Population and Family Planning in January to provide modern family planning services to 5 million low-income families within 5 years. We believe the achievement of this goal is both feasible and necessary, as a matter of sound social policy and simple human right.

A massive program to expand the availability of services and intensify research into all aspects of population growth, human reproduction and fertility control must be instituted rapidly, if the goal is to be met. Clearly, the Federal government must play a significant role in leading and financing such a national program and all efforts must be made to expand, improve and coordinate family planning services at the Federal, state and local level.

We welcome the steps which have already been taken to advance these programs, but express our conviction that further actions particularly towards improved administrative organization and higher funding levels, such as are provided in the bills introduced this year by Senator Tydings, Representative Scheuer, Bush and others, will have to be taken if our nation is to reach the objective set by the President by 1974.

COMMUNITY COUNCIL OF KANAWHA VALLEY, INC.,  
*Charleston, W. Va., July 31, 1970.*

HON. HARLEY O. STAGGERS,  
*Congress of the United States, House of Representatives, Committee on Interstate and Foreign Commerce, Rayburn House Office Building, Washington, D.C.*

DEAR CONGRESSMAN STAGGERS: Thank you for sending notice of the public hearings on H.R. 15159. Unfortunately I will be unable to attend. However, I have already expressed my professional interest in this piece of legislation.

Please find enclosed a copy of an appropriate editorial from the Charleston Gazette.

Sincerely yours,

ROGER F. SWITZER,  
*Executive Director.*

[From the Charleston Gazette, July 22, 1970]

FAMILY PLANNING MEASURE RESTS FIRMLY ON STAGGERS

The House Interstate and Foreign Commerce Committee, chaired by Rep. Harley Staggers, D-W. Va., can make or break an extensive program of family planning services.

Last week the Senate passed the Family Planning Population Act without dissent. Among its 30 patrons were Sen. Jennings Randolph and Sen. Robert

Byrd, both D-W. Va. Now the measure goes to the House where it will die unless it clears Stagers' powerful committee.

The bill, which authorizes nearly \$1 billion over a five-year period, would make comprehensive family planning available to everyone, including an estimated five million women who presently need but cannot afford these services. It would provide birth control pills and other means of contraception, as well as examinations, consultation, instruction, continued supervision and, where necessary, referral to other medical services. Additionally, the act calls for improved program coordination and planning and greatly increased funding for all phases of population and family planning research.

Proponents of the bill emphasize its voluntary character. Built-in safeguards assure that no woman will be required to use the services in order to qualify for welfare or other benefits.

A national fertility study, conducted in 1965 by Norman Ryder of the University of Wisconsin and Charles Westoff of Princeton revealed that 32 per cent of Americans in all socioeconomic and ethnic groups who do not wish children nonetheless have one or more pregnancies before completing their fertile years. From 1960 to 1965 about one million children were born each year to parents not desiring them at the time of conception.

The relationship between unwanted pregnancies and poverty is well-documented. One out of every five American children lives in poverty, and one-half of those are in families of five or more children. In fixed and low income families every added child inevitably drives the family deeper into poverty, with less money per individual for food, shelter, clothing, and equivalent necessities. Contrary to popular belief, repeated surveys have shown that poor and nonpoor alike want from two to four children. The Population and Family Planning Act would give impoverished families the same access to modern fertility controls higher income families have long enjoyed.

Not only the poor have unwelcome children, however. More than half the undesired births in the United States involve nonpoor families who could obtain precautionary medical care. For these persons the legislation authorizes research for development of safer, more convenient, more acceptable methods of contraception for both females and males.

The bill, then, doesn't single out the poor as its sole beneficiaries, which may explain why it is supported by such disparate groups as the American Medical Association and the National Welfare Rights Organization among others.

Sen. Joseph Tydings, D-Md., the act's original sponsor, has said: "The right to plan the size of one's family is an inalienable individual right, as important as the right to a job and a decent education in this country."

Rep. Stagers is in a strategic position to give substance to this unfulfilled yet critical right by scheduling immediate hearings on the bill. The measure has come too far—is much too crucial—to vanish in a maze of parliamentary shenanigans. At the least the House should vote it up or down, and whether the House has that opportunity largely depends upon Rep. Stagers. In the past he has shown himself to be responsive to the needs of the nation.

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CHRISTIAN LIFE COMMISSION,  
Dallas, Tex., August 5, 1970.

THE PUBLIC HEALTH AND WELFARE SUBCOMMITTEE,  
House of Representatives Commerce Committee,  
Rayburn Office Building, Washington, D.C.  
(Attention Mr. Guthrie).

GENTLEMEN: Texas Baptists support Senate Bill 2108 and House Resolution 11550.

Dr. James M. Dunn, Secretary of the Christian Life Commission of the Baptist General Convention of Texas, testified on Tuesday, December 9, 1969, before the Sub-Committee on Health of the United States Senate Labor and Public Welfare Committee in favor of Senate Bill 2108.

The testimony for Senate Bill 2108 is applicable and appropriate for House Resolution 11550. I respectfully request that it be included in the body of testimony for the bill.

Sincerely,

JAMES M. DUNN,  
Secretary.

TESTIMONY OF DR. JAMES M. DUNN, EXECUTIVE SECRETARY OF THE CHRISTIAN  
LIFE COMMISSION, BAPTIST GENERAL CONVENTION OF TEXAS

Mr. Chairman, distinguished members of the Committee, I welcome this opportunity to testify for Senate Bill 2108.

I serve as the executive secretary for the social concerns agency of the 4,000 churches and nearly 2 million members of the Baptist General Convention of Texas. While it is clear that no one can speak for all Baptists in any area or on any issue, I do have clear directions to urge acceptance of the bill you consider.

On November 6, 1969, Baptists in their annual convention unanimously accepted a statement "calling on all Texas Baptists to lend their support to the passage of United States Senate Bill 2108."

This action was taken after years of mounting concern for the problems of the population explosion and related human miseries.

In 1968, The Baptist General Convention of Texas meeting in annual session made a fuller statement on planned parenthood, the text of which reads as follows:

Baptists must face realistically and study diligently the practical problems and the personal dimensions of the population explosion. Every hour world population grows by 5,000 persons. Every day at least 10,000 die of malnutrition. Every week the tide of people rises by more than a million. We must recognize that much help for those in desperate human need is nullified by the continued population increase and that many children being born into the world are unwanted, uncared for, undernourished and underprivileged.

We call upon Baptists who respect the dignity of man and acknowledge his freedom of choice candidly to endorse the right and responsibility of family planning. Full family life education must be available to all citizens, particularly to the poor and uneducated. An affirmative public policy regarding birth control information is required in order that the right of free choice in the private life of husband and wife may have a basis in fact rather than being an empty slogan. We see any system, religious or political, that supports a mandatory, state imposed ignorance of modern medical advances as dictatorial and inhumane.

Therefore, we support the programs of the Public Health Service and other government and private agencies that offer health and hope to mothers otherwise trapped in a cycle of annual pregnancies. We see that planned parenthood, practiced in Christian conscience, may fulfill rather than violate the will of God.

Southern Baptists, the largest evangelical religious body in the nation, have long been involved in sponsoring planned parenthood clinics through our Home Mission Board, hospitals, and state convention agencies. However, all the efforts made by the private sector are not enough. This is one of those tasks that in a complex, urban world can be best done by government.

The Southern Baptist Convention in 1967 adopted this statement on the population explosion:

Whereas, God has blessed us with the knowledge and skills of medical science for the benefit of mankind, and

Whereas, overpopulation and the threat of mass starvation is posing an increasing problem in many parts of the world, and

Whereas, it is the responsibility of parents to determine the desirable size of families and the spacing of children so as to provide adequately for them as well as for the well-being of the parents, and

Whereas, the Biblical concept of marriage teaches sexual companionship of husband and wife, the procreation of children, the worth and dignity of a human life; he it therefore

*Resolved*, That the Southern Baptist Convention commends to those married couples who desire it and who may be benefited by it, the judicious use of medically approved methods of planned parenthood and the dissemination of planned parenthood information.

Facing the facts so ably presented by others, it seems that further delay and inaction on the part of the Congress would be downright immoral.

If a cure for cancer were discovered and a vaccine available, the Congress would do everything possible to make it accessible to all. To fail to do so would be murder.

Yet, with scientific advances at our fingertips that could break the chains that bind many in poverty, despair, and disease, we have not taken the relatively small steps which would release thousands from their prison of ignorance.

When in April, 1963, President Kennedy was questioned in a press conference about this very matter, he said research on human reproduction is "very useful and should be continued." He added: "If your question is, Can we do more, should we know more, about the whole reproduction cycle and should this information be made more available to the world so that everyone can make their own judgment, I would think that it would be a matter which we could certainly support."

The moral values involved add a note of urgency to the need for positive government action.

Freedom of choice is possible only when the alternatives are clear. Thousands of American mothers do not know the options that are theirs. Death and suffering accompany this ignorance.

In Corpus Christi, Texas, the first city to receive family planning funds from the Office of Economic Opportunity, birth control clinics have been cited as a major factor in the 41% decline in the number of patients treated after illegal abortions.

The dignity of millions of human beings demands that we not exhibit a careless disregard for their being brought into the world without the slightest possibility of being fed and educated decently.

For years Texas Baptists have been distributing a pamphlet on Planned Parenthood which reads in part.

Each family must determine, finally, its own course of action. Certainly we would not want to impose by force or legal action our convictions upon those who disagree with us. We seek to be tolerant and understanding of honest disagreement.

We do believe that each married couple who desires information concerning planned parenthood ought to be able to obtain it. We support government action which would make this right a reality.

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NATIONAL BOARD OF THE  
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE U.S.A.,  
New York, N.Y., July 29, 1970.

HON. JOHN JARMAN,  
*Chairman, Health Subcommittee, House Interstate and Foreign Commerce Committee, Rayburn Office Building, Washington, D.C.*

DEAR MR. JARMAN: We submitted this testimony on family planning and population to the Senate and urge this committee to act in a similar manner.

Sincerely,

HELEN J. CLAYTOR,  
Mrs. Robert W. Claytor,  
President.

#### NATIONAL BOARD OF THE YWCA OF THE U.S.A.—STATEMENT ON S. 2108

The Young Women's Christian Association is an organization of over a million members including 800,000 in the child bearing years. As early as the 1930s we took a firm stand on the need for family planning for the poor and the affluent. Our educational programs which respect differing creeds and mores have continued and our stand on the issue of family planning has been reiterated in successive conventions of 3,000 delegates from more than 400 associations around the country every 3 years.

Our present program calls for: "adequate provisions for securing family planning advice and aids and for measures to assure a productive relationship between population and the environment both at home and abroad by training in demography, research on human fertility, and the interplay of biological, psychological and socioeconomic factors influencing population change, to develop appropriate channels for the widest possible sharing of knowledge so that individuals and governments are enabled to obtain family planning and birth control information of such variety as to serve those of different creeds, mores, and in different circumstances."

We welcome the President's statement of a goal of providing adequate family planning but our concern is that sufficient funds be made available to implement this goal.

We support S2108 because it provides funding necessary for research, coordination, servicing and training programs.

Young women are anxious and unconvinced about the safety of the pill, the method which gave promise as a way to manage their reproductive life responsibly.

We believe that we have not begun to meet the needs of women and girls of all economic levels for family planning. The role of the voluntary agencies as an educational force in this area will continue to be under utilized unless a massive research program is under way.

On behalf of our women members, we urge support for the Tydings-Yarborough bill S2108 to this end.

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**THE LUTHERAN MEDICAL MISSION ASSOCIATION,  
MILWAUKEE CHAPTER,  
Brookfield, Wis., August 3, 1970.**

**Mr. W. E. WILLIAMSON,**  
*Clerk, Committee on Interstate and Foreign Commerce,  
Public Health and Welfare Subcommittee.*

DEAR SIR: As private citizens, as Christians and as a member of the Lutheran Church I must speak out against the fantastic movement on the part of our government to begin an intricate population control program. This brings back vivid memories of the Hitler Days and the thousands of stories told over and over by surviving refugees. This is a formal protest personally and on behalf of thousands we represent to defeat H.R. 15159 and all bills pertaining to control of population in the United States which is in direct opposition to the Constitution of our United States.

We oppose all anti-life forces whether it be abortion, forced sterilization contraception articles for unmarried and for teen-agers because it contradicts God's law. It is time our country returns to honoring a Heavenly Father who created us instead of catapulting into self-destruction through animalistic existence and practices.

Most sincerely presented,

Mrs. VIRGINIA MEVES, R.N.,  
*Corresponding Secretary.*

P.S. I graduated from Indiana University School of Nursing where ideals were high and life was something precious to be fought for and preserved until no further hope.

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UNIVERSITY OF NOTRE DAME,  
*Notre Dame, Ind., August 6, 1970.*

**HON. HARLEY STAGGERS,**  
*U.S. Congressman,  
Washington, D.C.*

DEAR CONGRESSMAN STAGGERS: I have been asked by persons interested in the passage of the Bush-Scheuer bill to send you a statement of the testimony which I would give if circumstances permitted me to appear in person before your committee. Since other commitments do prevent my appearance in person, I am sending you the following expression of my thought on the Bush-Scheuer bill dealing with the population explosion and the urgent need for effective methods of meeting this problem which constitutes a threat to the very existence of the human family on this planet.

My name is Rev. John A. O'Brien, Ph. D., and I am a research professor of theology at the University of Notre Dame, Notre Dame, Indiana. Perhaps it would be relevant for me to mention that I received the Gold Medal Award from the Religious Heritage of America, Inc., at its twentieth annual national leadership conference and awards program in Washington, D.C., on June 18, 1970. I have been interested in the problem of birth control for some forty years and was the first U.S. clergyman to write extensively on this subject.

In 1934 when our country was still in the midst of perhaps the worst depression in its history and when married couples were in desperate need of a method of delaying pregnancies, I wrote a 72-page booklet, entitled LEGITIMATE BIRTH CONTROL, According to Nature's Law. This booklet explained the newly discovered rhythm method of birth regulation and received nationwide distribution. Four years later I brought out, with the assistance of three distinguished gynecologists, a 160-page book, NATURAL BIRTH CONTROL, in

which the rhythm method was explained in much greater detail. In 1968, I edited a book, *Family Planning in an exploding Population*, embodying chapters by distinguished scholars and scientists treating virtually every phase of this subject, and I wrote six of the twenty chapters in that volume.

Incidentally the volume received the commendation of scientists and religious leaders of all faiths. Indeed so impressed with the worth, timeliness and need of this volume was an organization of concerned citizens, called the Population Crisis Committee of Washington, D.C., that it sent a copy to every member of the United States Congress.

I appeared on two national network TV programs discussing the subject of birth control and have spoken at many universities on this subject. I wrote an article, "Birth Control and the Catholic Conscience" published in the U.S.A. *READER'S DIGEST*, January, 1969, which was subsequently published in almost all the foreign editions bringing it to an estimated reading audience of approximately 145 million.

I heartily commend the Bush-Scheuer bill, the House version of the Tydings bill, which passed the U.S. Senate unanimously. The Bush-Scheuer bill sets forth the most far-sighted and systematic program for regulating the world's soaring population that has yet been presented to the U.S. Congress. It has the backing of our most distinguished demographers and medical scientists. The bill is careful to respect the consciences of people of all faiths and it does not seek to coerce any persons to use a method contrary to their religious faith. In providing information and help to people in this country and abroad to regulate births, our government is performing a most important and urgently needed service.

The efforts of the government in expressing its concern for the proper housing of its citizens are indeed commendable. Similarly its efforts to deal with the world's soaring population and to help families regulate births by methods approved by their own consciences are likewise commendable.

One of the objectives in this bill is to promote research to find still more effective and simple medically approved methods of regulating births. The need for such continued research was publicly expressed by Pope Pius XII in an address to the National Congress of the Family Front in Rome on November 26, 1951. After expressing approval of the so-called rhythm method of birth regulation, he added: "One may even hope that science will succeed in providing this licit method with a sufficiently secure basis." In the Pastoral Constitution on the Church in the Modern World, enacted by the Second Vatican Council, presided over by Pope Paul VI, the Council expressed the desirability for further research by scientists in perfecting the regulation of births. "Those, too," declared the Council, "who are skilled in other sciences, notably the medical, biological, social, and psychological, can considerably advance the welfare of marriage and the family, along with peace of conscience, if by pooling their efforts they labor to explain more thoroughly the various conditions favoring a proper regulation of births."

A decade ago birth control and government assistance in such control were deeply involved in politics. Persons favoring one particular method to the exclusion of all others, not infrequently brought political pressure upon public officials to implement their particular creedal viewpoint. To meet this situation, I wrote an article, "Let's Take Birth Control Out of Politics," which was published in *LOOK* magazine in 1961. In that article I developed the thesis that no single group in a pluralistic society such as ours has the rights to impose, through the clenched fist of political pressure, its distinctive creedal and moral viewpoint upon citizens who have different convictions on this subject. That article provoked nationwide discussion and played no small part in crystallizing public opinion in favor of that thesis.

Times have changed rapidly since then. Now Protestants, Catholics and Jews join hands in agreement upon the necessity of birth regulation and the equal necessity of respecting the right of people to follow their own consciences as to the method of doing this. Furthermore the Gallup poll has shown that the overwhelming majority of Protestants, Catholics, Jews and people of no particular Church affiliation are agreed that some form of birth regulation is necessary both in our own country and doubly so in the underdeveloped countries, where the population explosion is defeating the efforts of those respective countries to raise the standard of living to one befitting the dignity of human beings.

What I have found particularly necessary to stress to members of my faith is that contraceptive birth control is now approved by virtually all the major

Protestant Churches, as well as the Reform Jewish group. Indeed it is not only approved but, in many cases, it is considered a moral duty. Hence members of the Catholic faith have no desire to impose their views upon members of other faiths but now join hands with them in working for simple, effective and medically approved methods of spacing offspring. Hence I express the earnest hope that the Bush-Scheuer bill will pass the House of Representatives with the same unanimity with which the Tydings bill passed in the Senate.

I am enclosing a copy of an article which I published in the University Forum on Friday, July 17, 1970, in which I stress that we must regulate the world's exploding population or face a catastrophe of such magnitude as to threaten the survival of the human race on this planet.

Cordially,

Rev. JOHN A. O'BRIEN, Ph. D.

WASHINGTON, D.C., July 31, 1970.

HON. PAUL G. ROGERS,  
U.S. House of Representatives,  
Washington, D.C.

DEAR PAUL: I appreciate your invitation to comment on bills S. 2108 and H.R. 11550. S. 2108 was, I understand, unanimously passed by the Senate with the full support of the Administration.

In my judgment, also, this is a valuable piece of legislation which deserves to be enacted into law as soon as possible. It complies with the goals stated in President Nixon's Message on Population of increasing research and making family planning services fully available to all Americans.

The Department of Health, Education, and Welfare initiated support for family planning as a part of maternal and child health in 1966. The Department's first policy statement on the subject, which I signed, issued January 24, 1966, stated: "The objectives of the Department policy are to improve the health of the people, to strengthen the integrity of the family, and to provide families the freedom of choice to determine the spacing of their children and the size of their families".

The program has grown steadily from those beginnings. But we must intensify our efforts to achieve the objectives indicated.

The purpose of this bill, as I see it, is to provide:

- (1) Funds for family planning programs;
- (2) Funds for increased research to develop better contraceptive methods; and
- (3) A strong organization within DHEW to provide leadership and direction for these programs.

All three are necessary at this time to consolidate existing programs and to permit needed expansion. It has been calculated that at least 5 million American women do not today have access to modern, medically approved family planning methods; that deficiency must be remedied. The need for better contraceptives—100% safe, acceptable, and effective—is cause for concern in all American families and throughout the world. This bill represents an important step forward in meeting needs, both national and global in scope. I hope the Committee will give its approval and strong endorsement to this bill.

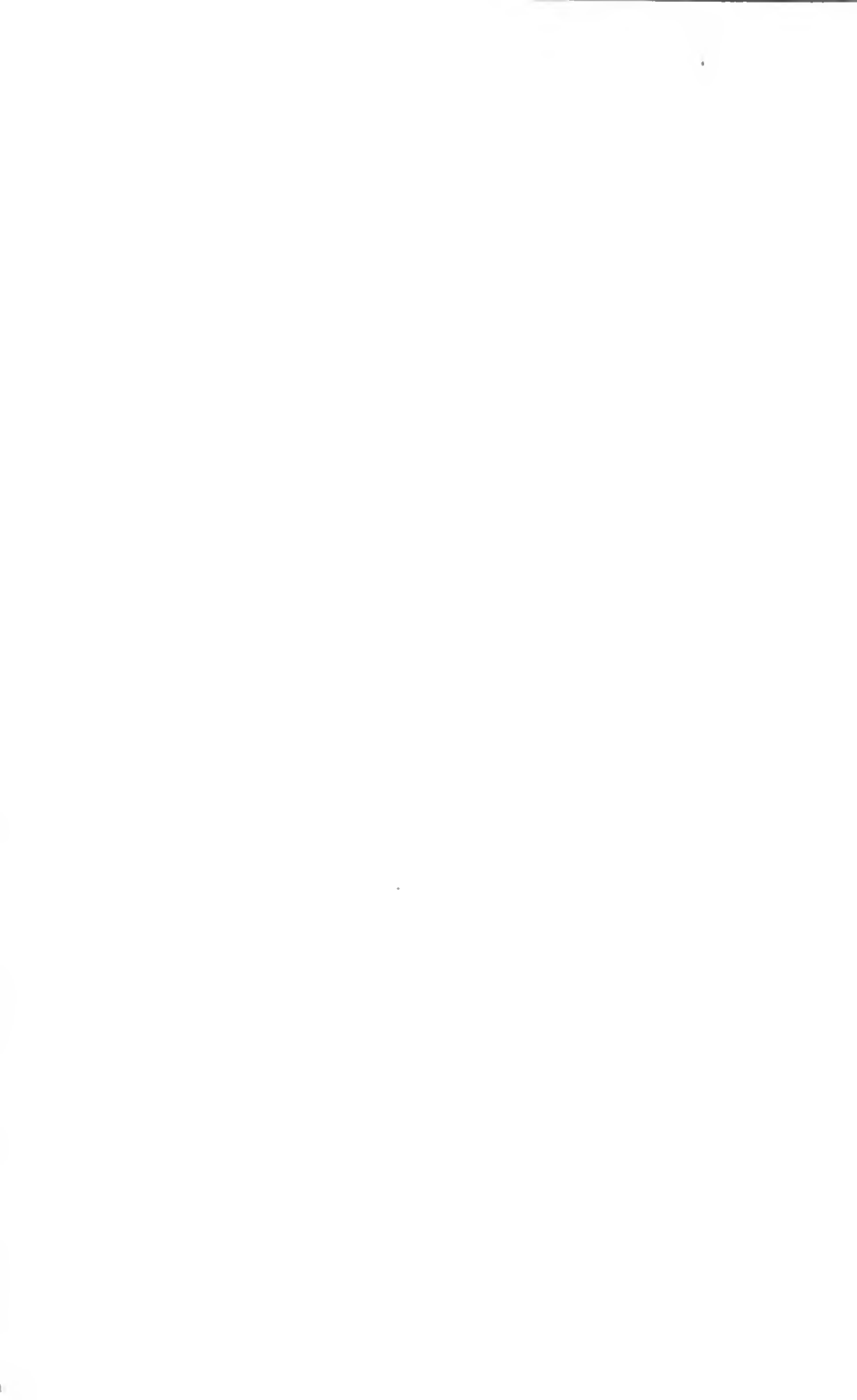
Sincerely,

JOHN W. GARDNER.

(Whereupon, at 2:45 p.m., the hearing was concluded.)









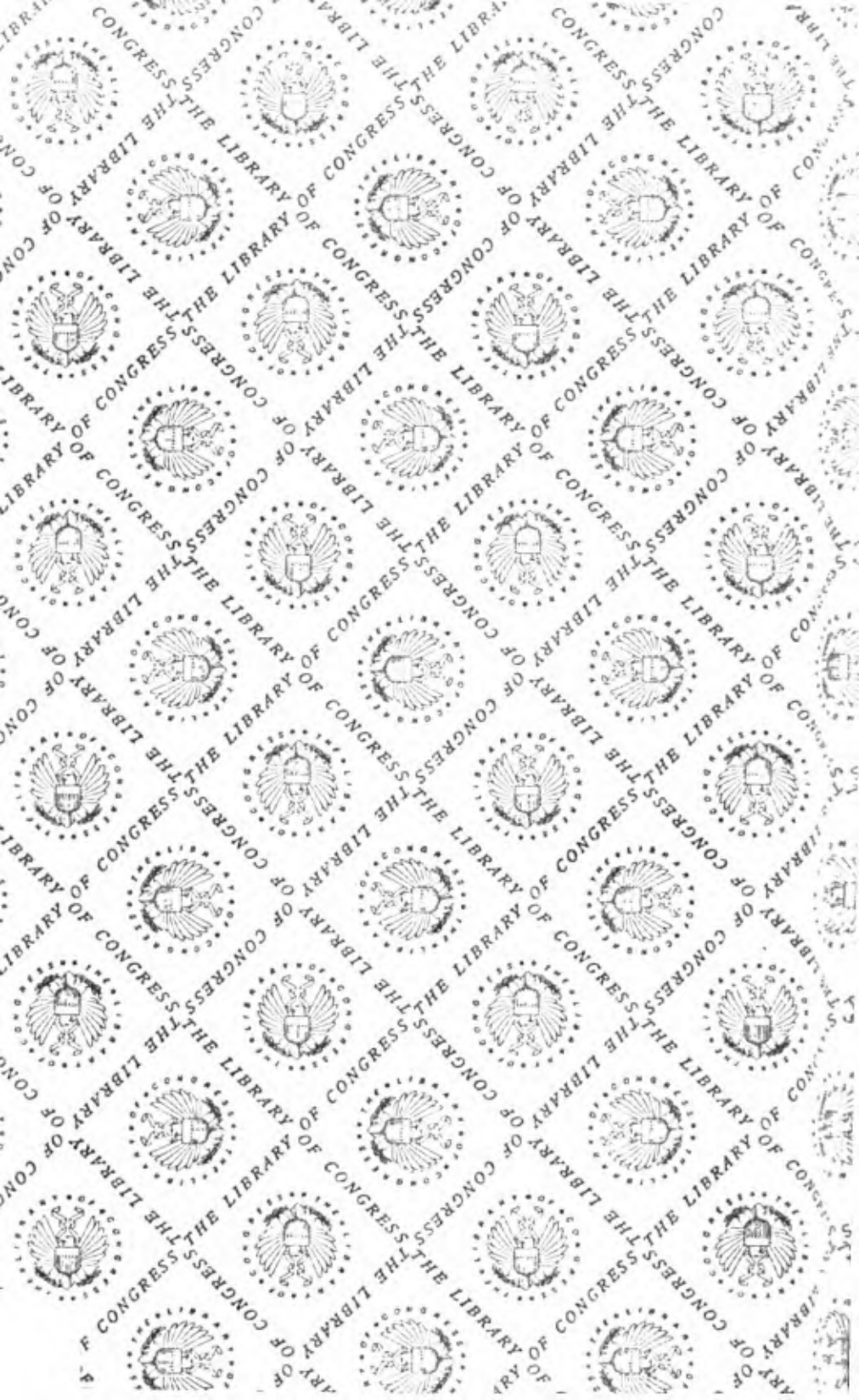














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